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Condensed COP Report

Uganda

2005

Country Operational Plan (COP)

Country Name: Uganda

Fiscal Year 2005

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## Table 1: Country Program Strategic Overview

1.1

National Response

Uganda's strategy to combat HIV/AIDS is a rich mosaic including a strong, public commitment by President Museveni, massive mobilization and education effort; openness about HIV/AIDS, an extraordinary range of partners including special outreach by Uganda's faith communities; and a vision that recognizes HIV/AIDS as a threat to development and not just a health problem.

Almost 2,000 indigenous NGOs and FBOs have contributed to the national response, a best practice unique to Uganda. The groups have played the major role in care and treatment of HIV positive people and offer a tremendous opportunity to improve and strengthen this outreach. In addition, there are 1,029 networks of PHAs in Uganda. PHAs have helped to change behaviors and reduce stigma through their open testimonies, music, and dance and drama performances.

National HIV/AIDS Action Framework

The national coordinating body for Uganda is the Uganda AIDS Commission (UAC), established in 1992 under the Office of the President. The UAC is charged with planning, coordinating and monitoring the multi-sectoral response to HIV/AIDS, including developing one national strategic plan and one national M&E framework. Under the leadership of UAC, Uganda developed its National Strategic Framework (NSF) 2000/1-2005/6.

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1.1.2

## National HIV/AIDS Coordinating Authority

Under the leadership of UAC, Uganda developed its National Strategic Framework (NSF) 2000/1-2005/6. In 2003, the UAC initiated a mid-term review to measure and revise the NSF for which the USG provided technical assistance. The mid-term review of the NSF in 2003 expanded the principal goals of the NSF to:

- reduce HIV prevalence by 25%;
- mitigate the health effects of HIV/AIDS and improving the quality of life of PHAs,
- *mitigate the psychosocial and economic effects of HIV/AIDS;*
- mitigate the impact of HIV/AIDS on the development of Uganda; and
- strengthen the national capacity to coordinate and manage the multi-sectoral response to HIV/AIDS.

The Emergency Plan will continue this support, as well as, support the UAC to publicize the NSF, strengthen national and district M&E systems, and map national services.

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1.1.3

## National HIV/AIDS M&E System

There is a national HIV/AIDS M&E plan for Uganda that is currently being rolled out to partners, although the plan is not currently operational for data collection, analysis or reporting. HIV data is not integrated into the Health Management Information System (HMIS), it is collected directly from sites and transmitted to the MOH. The quality of data varies, capacity to collect and analyze data is low, and data is not easily accessed in a timely way. A USG assessment of the HMIS identified understaffing and inappropriate hardware and software as immediate needs. There is also no national MIS for OVC, which is lead by the Ministry of Gender, Labour and Social Development (MGLSD). Many NGO and private sector partners do not have strong MIS systems or coordination and key indicators for quality assurance is limited. Several district based partners are providing TA & CB to district based M&E systems, including HMIS.

The USG defines the network model in Uganda as a continuum of care focusing on identifying and supporting HIV positive individuals so they can receive prevention, care and treatment services. The network model is a holistic approach taking into consideration HIV-infected individuals' place with families and communities. The network model recognizes that any institution providing support, care, or treatment operates among other institutions providing complimentary services. By linking these institutions, the range of services available to patients is expanded exponentially. Further, the network model includes patients' families and communities to both identify individuals needing HIV testing, prevention, and care services and to support patients already receiving services.

The recent human resources assessment in the health sector has shown a biased distribution of health workers towards urban areas with many unfilled positions and limited pre-service and in-service training opportunities resulting in shortages of trained laboratory technicians, pharmacists and counselors. Over the next five years, the Emergency Plan will support the Ministry of Health at all levels to strengthen recruitment, hiring, placement, retention and management of health personnel who provide critical HIV/AIDS interventions. Specific activities will include strengthening pre-service and in-service training systems for health care providers and counselors. In addition, the Emergency Plan will support MOH and private human capacity for ART by training counselors and laboratory technicians. Because non-governmental and faith-based organizations have a long history of offering quality training programs in partnership with the GOU, the Emergency Plan will support NGO training programs in critical areas such as counseling and testing for HIV positive individuals and their families, ART adherence, pediatric HIV/AIDS care and treatment, PMTCT services, palliative and home-based care, orphan support, and financial management. Opportunities for twinning with appropriate training institutions and U.S. universities, particularly for training in specialized clinical skills, will be strengthened and supported.

Issues of human resources apply to all sectors. USG will address issues of leadership, strategic planning and management, quality assurance and monitoring and evaluation at central and district level of Ministry of Gender, Labour and Social Development (MGLSD). Teachers will be trained in integrated prevention messages. Several initiatives will develop innovative prevention, care and treatment programs for health and education workers.

The Emergency Plan will also support the development of Uganda leadership in HIV/AIDS through fellowship programs, short and long-term training targeting individuals will also provide leadership and technical direction for national programs.



USG Partners

USG partners include the full spectrum of HIV/AIDS partners working in Uganda including. The Government of Uganda, including the Uganda AIDS Commission, which sits in the Office of the President, and the Emergency Plan Advisory Committee, Chaired by a former Primer Minister, as well as several key focal ministries include the Ministries of Health, Education, and Gender, Labour and Social Development are critical partners in overall decision making related to strategic planning, resource allocation, country coordination, ensuring policies and implementation guidelines as well as monitoring and evaluation of quality service delivery. Government facilities including national laboratories and hospitals and health care centers at the national, regional, district and lower levels are focal points for the delivery of key prevention, care and treatment centers. Civil society, with over 800? registered organizations, has been the cornerstone of Uganda's response since the beginning of the epidemic. USG has a comparative advantage in working with private sector (for and not for profit sectors) and is working with over 250 subpartners to develop capacity and support service delivery at the national, regional and community level. Faith-based partners, traditionally included within the civil society response, are also key to a successful response and are USG partners at the national and community level.

Strengthening public-private partnerships is tantamount to expanding existing and supporting the development of networked services as the regional, district and health subdistricts - an HIV+ individual will need a variety of services, often delivered by different partners in different settings. For example, an individual who is diagnosed HIV+ through a VCT center, who also tests TB+ and needs psychosocial support is likely to receive services in a facility as well as in the community and home. The partnerships and subsequent referral networks that have been formed between these different service providers is critical to ensuring a comprehensive response. USG fosters public-private partnerships at the national and community level through coordinated support and technical assistance to public sector service providers and to civil society through the delivery of grants with governance and oversight by government agencies. Several district based programs are also strengthening multisectoral strategic planning, resource allocation as well as service delivery at the district level. The Global Fund AIDS TB and Malaria will provide approximately \$43 for antiretroviral treatment in 2004/5. USG will work with GFATM to leverage resources for the national ART literacy campaigns, ARV drugs and training. With investments to establish financing systems with the Ministry of Gender (\$2 million for technical and leadership strengthening, national and regional capacity building grants), the USG will leverage \$15 million from GFATM to provide grants to communities for orphan care and support. USG will leverage approximately \$300,000 additional from bilateral donors to contribute to the national youth behavior change communications campaigns.

The U.S. Government is fortunate to work with a well-established cadre of Ugandan national NGOs, medical schools and universities, as well as government bodies, that have an established capacity to receive direct funding and implement effective HIV programs in critical intervention areas, such as ART, care and support, palliative and home-based care, pediatric AIDS, counseling and testing services and research. In addition to USG support, many of these organizations also receive funding and support from the GOU, private foundations, their own fundraising efforts and other donors. Despite this U.S. support makes up over 50% of their budgets and this trend will continue as these programs expand with increased funding under The Emergency Plan. Over and above the direct financial aid, technical assistance support from the USG in clinical service delivery, human resource development, training, financial and organizational management, and management information systems for public and private sector partners will continue throughout the next five years to ensure sustainable systems are fully developed for comprehensive HIV/AIDS program management.

While Uganda does not have a specific gender strategy for HIV/AIDS, issues related to differential access and use of services are addressed through the draft National Overarching Policy on HIV/AIDS, the National Strategic Framework, the National ART Policy, and policies and guidelines within line ministries. The responsibility of mainstreaming gender within HIV/AIDS sectoral policies lies with the Ministry of Gender, Labor and Social Development. A key issue being addressed by the Ministry of Health through the National ART Policy is how to ensure that poor women, girls and children who need antiretroviral therapy and HIV care will be able to access. The policy has defined several priority groups for fully subsidized or free provision of ART including pregnant women and children. As drugs become increasingly available through the Global Fund, World Bank/MAP and the Emergency Plan, this policy should provide good guidance for implementing partners. In addition, women play a primary role delivering home care for PHAs and orphans and must be a key target for palliative care and orphan support activities. The Emergency Plan will ensure that resources for palliative care take into consideration women's activities in the home - this will include providing training and support for women who care for people with HIV/AIDS who are bedridden and ill. The Emergency Plan will also work with other key development partners such as UNICEF and Global Fund to craft strategies for reaching orphan girl children and support of women who care for orphans.

Over the past 15 years, Uganda has actively engaged high level leadership and PHAs to speak out openly about their status, the need to embrace PHAs as people and to ensure that PHAs are not discriminated against in education, health care and employment. There are over 1100 PHA networks in Uganda and several national fora through which PHAs can engage with national and civil society leadership and development partners. The revised National Strategic Framework in 2004 identified gaps in addressing the legal framework for HIV/AIDS, stigma and discrimination toward PHAs and has recommended that a legal framework be developed to explicitly address stigma and discrimination toward PHAs and to present legislation to ensure PHAs receive equitable and fair treatment in society. The national PHA network has also presented a working paper that highlights the "Greater Involvement of People Living with AIDS" and presents new and expanded roles for PHAs and PHA networks in Uganda beyond advocacy. The Emergency Plan continues to work closely with the National PHA Network and supports PHA and AIDS Service Organizations to deliver palliative and preventive care to families and communities. In 2005 the Emergency Plan envisions a much stronger role for PHA networks as part of the network model and will link palliative care and advocacy groups directly with HIV/AIDS care and treatment providers. In addition, the Emergency Plan will introduce legislation to protect PHAs in Uganda in the workplace, education and healthcare system.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National 2 - 7 -10</u>	<u>USG Direct Support Target End FY05</u>	<u>USG Indirect Support Target End FY05</u>	<u>Total USG Support Target End FY05</u>
<b>Prevention</b>	<b>Target 2010: 164,194</b>			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		10,729	10,729	10,729
Number of pregnant women who received PMTCT services in FY05		179,000	240,000	240,000
<b>Care</b>	<b>Target 2008: 300,000</b>	<b>783,566</b>		
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		182,187	300,000	375,000
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		6,200	22,000	28,200
Number of individuals who received counseling and testing in FY05		524,834	300,000	600,000
Number of OVCs being served by an OVC program at the end of FY05		71,245	58,000	127,245
<b>Treatment</b>	<b>Target 2008: 60,000</b>	<b>43,575</b>		
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		23	0	23
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		43,553	9,700	53,253

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

## Prime Partner: None Selected

Mech ID:

Mech Type:

Mech Name:

Agency:

Funding Source:

## Prime Partner: To Be Determined

Mech ID:

1,052

Mech Type:

Locally procured, country funded (Local)

Mech Name:

MEEPP

Planned Funding Amount:

Agency:

USAID

Funding Source:

GAC (GHAI account)

Prime Partner ID:

537

Prime Partner Type:

Own Agency

Local:

No

New Partner:

No

Mech ID:

1,053

Mech Type:

Locally procured, country funded (Local)

Mech Name:

PIASCY

Planned Funding Amount:

Agency:

USAID

Funding Source:

GAC (GHAI account)

Prime Partner ID:

537

Prime Partner Type:

Own Agency

Local:

No

New Partner:

No

Mech ID:

1,054

Mech Type:

Locally procured, country funded (Local)

Mech Name:

HIV Readers

Planned Funding Amount:

Agency:

USAID

Funding Source:

GAC (GHAI account)

Prime Partner ID:

537

Prime Partner Type:

Own Agency

Local:

No

New Partner:

No

Mech ID:

1,105

Mech Type:

Locally procured, country funded (Local)

Mech Name:

Support to HMIS

Planned Funding Amount:

Agency:

USAID

Funding Source:

GAC (GHAI account)

Prime Partner ID:

537

Prime Partner Type:

Own Agency

Local:

No

New Partner:

No

Mech ID:

1,110

Mech Type:

Locally procured, country funded (Local)

Mech Name:

Quality Assurance System

Planned Funding Amount:

Agency:

USAID

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**Prime Partner:**

**Funding Source:**

**Prime Partner ID:**

**Prime Partner Type:**

**Local:**

**New Partner:**

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**Mech ID:**

**Mech Type:**

**Mech Name:**

**Planned Funding Amou**

**Agency:**

**Funding Source:**

**Prime Partner ID:**

**Prime Partner Type:**

**Local:**

**New Partner:**

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Prime Partner: To Be Determined  
 Mech ID: 1,271  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Education Sector HIV/AIDS Worksite Program  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,276  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: CDC Quality Assurance  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,284  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Full Access Counseling and Testing (Deferred)  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: Deferred (GHA)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,286  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Basic Care Package  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: Deferred (GHA)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Sub-Partner Name: Straight Talk Foundation, Uganda  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: Yes

Mech ID: 1,291  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Full-Access  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

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Prime Partner: To Be Determined

Mech ID: 1,310  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Supply Chain Management  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,360  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: IRCU Capacity Building  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,393  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: ART Literacy  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,394  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: UAC/Global Fund  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Mech ID: 1,562  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: UAC/Global Fund  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 537  
 Prime Partner Type: Own Agency  
 Local: No  
 New Partner: No

Prime Partner: African Medical and Research Foundation  
 Mech ID: 583  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name:  
 Planned Funding Amount:

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**Prime Partner:** African Medical and Research Foundation  
**Agency:** HHS  
**Funding Source:** GAC (GHA) account)  
**Prime Partner ID:** 220  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Prime Partner:** Africare  
**Mech ID:** 1,116  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 2  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 166  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Boston University  
**Sub Partner Type:** University  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

**Prime Partner:** AIDS Information Center  
**Mech ID:** 1,016  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** AIC USAID  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHA) account)  
**Prime Partner ID:** 223  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Mech ID:** 1,017  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** AIC CDC  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHA) account)  
**Prime Partner ID:** 223  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** ARD, Inc.  
**Mech ID:** 1,227  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** SDU II  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHA) account)  
**Prime Partner ID:** 1,865  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** Yes

**Prime Partner:** Associazione Volontari per il Servizio Internazionale

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**Prime Partner:** Associazione Volontari per il Servizio Internazionale  
**Mech ID:** 1,118  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 2  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 1,474  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Prime Partner:** Baylor College of Medicine  
**Mech ID:** 1,186  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHA) account  
**Prime Partner ID:** 1,233  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

**Prime Partner:** CARE International  
**Mech ID:** 1,030  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** The Core Initiative  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHA) account  
**Prime Partner ID:** 174  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** International Center for Research on Women  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** International HIV/AIDS Alliance  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Johns Hopkins University Center for Communication Programs  
**Sub Partner Type:** Private Contractor  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,240  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** The Core Initiative (Deferred)  
**Planned Funding Amount:**

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Prime Partner: CARE International  
 Agency: USAID  
 Funding Source: Deferred (GHA)  
 Prime Partner ID: 174  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: No

Prime Partner: Catholic Relief Services  
 Mech ID: 1,059  
 Mech Type: Headquarters procured, centrally funded (Central)  
 Mech Name: AB Track 1/ Round 2  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: N/A  
 Prime Partner ID: 7  
 Prime Partner Type: FBO  
 Local: No  
 New Partner: No

Mech ID: 1,287  
 Mech Type: Headquarters procured, centrally funded (Central)  
 Mech Name: Track 1/ART  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: N/A  
 Prime Partner ID: 7  
 Prime Partner Type: FBO  
 Local: No  
 New Partner: No

Sub-Partner Name: Kamwokya Catholic Christian Community  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Lacor Hospital, Uganda  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: St. Francis Hospital, Nsambya-Kampala  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Workers Treatment Center  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Mech ID: 1,290  
 Mech Type: Headquarters procured, country funded (HQ)  
 Mech Name: Kitgum ART

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**Prime Partner:** Catholic Relief Services  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 7  
**Prime Partner Type:** FBO  
**Local:** No  
**New Partner:** No

**Prime Partner:** Christian Aid  
**Mech ID:** 1,122  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 2  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 885  
**Prime Partner Type:** FBO  
**Local:** No  
**New Partner:** Yes

**Prime Partner:** Commodity Security Logistics  
**Mech ID:** 614  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Commodity Security Logistics (Deferred)  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** Deferred (GHAI)  
**Prime Partner ID:** 937  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 631  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 937  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Prime Partner:** Creative Associates International Inc  
**Mech ID:** 1,272  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Basic Education Policy Support  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 421  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** No

**Prime Partner:** Development Associates Inc.  
**Mech ID:** 1,236  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Legislative Support and Advocacy  
**Planned Funding Amount:**   
**Agency:** USAID

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Prime Partner: Development Associates Inc.  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 177  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: No

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation  
 Mech ID: 1,029  
 Mech Type: Headquarters procured, country funded (HQ)  
 Mech Name:  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 178  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: No

Prime Partner: Family Health International  
 Mech ID: 1,258  
 Mech Type: Headquarters procured, country funded (HQ)  
 Mech Name: Northern Corridor Program/Uganda Section  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 180  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: Yes

Prime Partner: Health Strategies International  
 Mech ID: 1,498  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Cost Effectiveness Analysis  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: Base (GAP account)  
 Prime Partner ID: 1,941  
 Prime Partner Type: Private Contractor  
 Local: No  
 New Partner: No

Prime Partner: Hospice Uganda  
 Mech ID: 1,124  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name:  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHAJ account)  
 Prime Partner ID: 1,823  
 Prime Partner Type: NGO  
 Local: Yes  
 New Partner: No

Prime Partner: Integrated Community Based Initiatives (ICBI)  
 Mech ID: 602  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name:  
 Planned Funding Amount:   
 Agency: HHS  
 Funding Source: GAC (GHAJ account)

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**Prime Partner:** Integrated Community Based Initiatives (ICOBI)  
**Prime Partner ID:** 1,953  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** International Rescue Committee  
**Mech ID:** 1,051  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Community Resilience and Dialogue  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 189  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Associazione Volontari per il Servizio Internazionale  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Bawilha  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Bundibugyo Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Catholic Relief Services  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Christian HIV/AIDS Program  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Church of Uganda Karamoja  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No



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Prime Partner:

International Rescue Committee

Sub-Partner Name: Church of Uganda Kasese  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Comboni Samaritans  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Communication for Development Foundation, Uganda  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Dyere Tek  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: International Save the Children Alliance  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: No  
 New Partner: No

Sub-Partner Name: Kalongo Hospital  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Kasanga  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kitgum Government Hospital, Uganda  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

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Prime Partner:

International Rescue Committee

Sub-Partner Name: Lacor Hospital, Uganda  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Meeting Point  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: St. Joseph's Hospital  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Mech ID: 1,241  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: Community Resilience and Dialogue (Deferred)  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: Deferred (GHA)  
 Prime Partner ID: 189  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: No

Sub-Partner Name: Associazione Volontari per il Servizio Internazionale  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Bawilha  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bibia/Baruku  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bundibugyo Government Hospital  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

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Prime Partner:

International Rescue Committee

Sub-Partner Name: CARE International  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Catholic Relief Services  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: CHAPS  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Church of Uganda Karamoja  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Church of Uganda Kasese  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Comboni Samaritans  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Communication for Development Foundation, Uganda  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Dyere Tek  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

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**Prime Partner:**

**International Rescue Committee**

Sub-Partner Name: International Save the Children Alliance  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Kalongo Hospital  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: No  
 New Partner: No

Sub-Partner Name: Kasanga  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kitgum Government Hospital, Uganda  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Lacor Hospital, Uganda  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Meeting Point  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: National Association of Women Living with AIDS, Uganda  
 Sub Partner Type: NGO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: St. Joseph's Hospital  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

**Prime Partner:**

**International Youth Foundation**

Mech ID: 1,060  
 Mech Type: Headquarters procured, centrally funded (Central)  
 Mech Name: AB Track 1/ Round 2

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Prime Partner: International Youth Foundation  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: N/A  
 Prime Partner ID: 1,807  
 Prime Partner Type: NGO  
 Local: No  
 New Partner: Yes

Prime Partner: Inter-Religious Council of Uganda  
 Mech ID: 1,034  
 Mech Type: Locally procured, country funded (Local)  
 Mech Name: IRCU  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 92  
 Prime Partner Type: FBO  
 Local: Yes  
 New Partner: No

Sub-Partner Name: AIDS Orphans Education Trust  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: AJ Qudus Orphan Support Center  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Amucha SDA Child Development Program  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bilal Care and Support Center  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Busota Muslim OVC Project  
 Sub Partner Type: FBO  
 Planned Funding Amount:  Funding To Be Determined  
 Local: Yes  
 New Partner: No

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Prime Partner:

Inter-Religious Council of Uganda

Sub-Partner Name: Family Concept Care and Support Project  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Gulu Archdiocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Hoima Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Holy Cross Hospital Outreach Program  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Iganga Islamic Medical Center  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Ishaka Adventist Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Ishaka SDA OVC Project  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Islamic Medical Association of Uganda  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Prime Partner:

Inter-Religious Council of Uganda

Sub-Partner Name: Jinja Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Kabalagala SDA Orphan Support Project  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Kampala Archdiocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Kampala Diocese HIV/AIDS Program  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

Sub-Partner Name: Kampala Muslim Care Center  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Karera Ecumenical Development Organization  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Kasana Luwero Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Kimosi Orphan Care and Support Center  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Prime Partner:

Inter-Religious Council of Uganda

Sub-Partner Name: Kisazi Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Kiwoko Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Kumi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Kumi Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Kyetume CBHC Program  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Lango Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Lugazi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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Sub-Partner Name: Lutheran World Relief, Inc  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: No  
New Partner: Yes



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Prime Partner:

Inter-Religious Council of Uganda

Sub-Partner Name: Mary Amuke Solidarity Fund  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Mbarara Archdiocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Meeting Point  
Sub Partner Type: NGO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: Yes

Sub-Partner Name: Nakasongola Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Namirembe Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Namisambya OVC Care and Support Project  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Nebbi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

Sub-Partner Name: Noor Islamic Institute  
Sub Partner Type: FBO  
Planned Funding Amount:  Funding To Be Determined  
Local: Yes  
New Partner: No

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**Prime Partner:**

**Inter-Religious Council of Uganda**

**Sub-Partner Name:** North Kigezi Diocese  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Nsambya Hospital Home Care Program  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Orthodox Community Orphan Support Program  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** St Francis Home Care Program  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Uganda Christian AIDS Network  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Villa Maria Hospital  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** West Ankole Diocese  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** West Buganda Diocese  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Prime Partner:**

**John Snow Inc**

**Mech ID:** 635

**Mech Type:** Locally procured, country funded (Local)

**Mech Name:** AIDS Integrated Model District Program (AIM)

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Prime Partner: John Snow Inc  
 Planned Funding Amount:   
 Agency: USAID  
 Funding Source: GAC (GHA account)  
 Prime Partner ID: 427  
 Prime Partner Type: NGO  
 Local: Yes  
 New Partner: No

Sub-Partner Name: Aakum Child & Family Program  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Abarilela Community Development Organization  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Abele Community Living with HIV/AIDS  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Aber Hospital TB  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: ACOWA Family Helper Project  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Action Against Child Abuse and Neglect  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Action for Development  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Action for Socio-Economic Development  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Action for Youth Development  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Adventist Development and Relief Agency  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: African Child Care Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: African Medical and Research Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: Agency for Cooperation and Research in Development  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: Agency For Young Adults  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Agwidi Development Network  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: AID Child (USD)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: AIDS Orphans Education Trust  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: ALENGA Health Centre III  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: All Nations Christian Care  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Amai Community Hospital  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Ankole Cultural Dramactors  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Ankole Youth Trust Organization  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac DDHS  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac DDHS TB  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac DHAC  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac Fisheries Department on AIDS awareness and nutrition  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac Hospital PMTC  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Apac Women Development Network  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Arch Bishop Desmond Tutu Home  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Aringa Disaster Preparedness Forum  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: ARISE  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Arua DHAC  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Arua DHS TB  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Arua District HCGA-Directorate of Health Services  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Arua District Local Government - Community Services  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: ASDE (U)  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Associazione Volontari per il Servizio Internazionale  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: No  
 New Partner: No

Sub-Partner Name: Atiira Church of Uganda Youth Association  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Aturur Hospital  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Aturur Hospital  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Balyalwoba Rehabilitation & Development Agency  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bannanyole Youth Development Association  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: BIDI-BIDI Cooperative Savings and Credit  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: BUDNET+  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bugangaizi Health Sub-district, Kibaale  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bugangazi Self Help Alliance Group  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bugangari Health Centre IV  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bukedea Community AIDS support Initiative  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Bukedea Health Centre IV  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bukedea Jazz band & drama group  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Buryaruguru HSD  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Buryaruguru Muslim Youth Development Association  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Buseta Community AIDS Initiative  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bushenyi D. Gender (Probation)  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bushenyi DHAC  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bushenyi DHS  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bushenyi District Educator Sector  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Bushenyi District Human Resource Sector  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No



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Prime Partner:

John Snow Inc

Sub-Partner Name: Bushenyi District Probation and Social Welfare Office  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Bushenyi Medical Center  
 Sub Partner Type: Private Contractor  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Bushenyi Rural Women's Development Group  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Busolwe Hospital  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Busujju/Mwera Health Subdistrict  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Buwekula Women Development Association  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Buyanja Integrated Community Development Association (BICODA)  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Buyanja Health Sub District / Kibaale  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Caritas Arua  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: No  
 New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Caritas Nebbi  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: Caritas Pader  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Catholic Education Research and Development Organization  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Catholic Education Research and Development Organization  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Catholic Education Research and Development Organization  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Centre for Recreation and Appropriate Training for Everyone  
(CREATE)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Child Support Organization  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Children & Widows of Disabled Soldiers  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Christian Children's Fund, Inc  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: No  
New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Church of Uganda / Bukedi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Church of Uganda / Bukedi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Community Alert  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Community Empowerment Initiatives  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Community for Participatory Action  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Community Vision  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Concerned Parents Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: CPAR Uganda  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: CUAMM Doctors With Africa  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: Deaf Development Organization  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Prime Partner:

John Snow Inc

Sub-Partner Name: Dokolo Health Centre (Lira)  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Ediole HC  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Edrema Psychotherapy & Counseling  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Emmaus Community Program  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Entebbe All Christian Women Assoc.  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Equator Dramactors  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Erussi Women Initiative  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Erute North Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Family Planning Association of Uganda - Apac Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Family Planning Association of Uganda - Bushenyi Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Family Planning Association of Uganda - Mubende Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Family Planning Association of Uganda - Soroti Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Family Therapy Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: FUKUI - Uganda Friendship Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Goli Health Center of Uganda - Nebbi Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Good Samaritan AIDS Association - Ayivu Community  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Gospel Believers Fellowship  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: HealthNeed Uganda  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Hospice Uganda  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Igara East Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Prime Partner:

John Snow Inc

Sub-Partner Name: Igara West Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Integrated Community Based Initiatives (ICOB)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Integrated Program for Orphans (IPOC)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Islamic Outreach Centre  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Itojo Hospital  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: JESTA  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Jule Integrated Development Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: KABA (Kasambya)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Kabasuma Maanyi  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Kagadi Hospital  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Kagadi Post Test Club  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Kaina Youth Dramactors (Kayoda)  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kajara Community Development Association  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: KANGAI (KICDI)  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kasambya HC III  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Kasilo Community Based Health Care  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: KASO  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kassanda South  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Katakwi District  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Katakwi Egangakinos People Living with HIV/AIDS Association  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

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Prime Partner:

John Snow Inc

Sub-Partner Name: Kebisoni HC IV  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kibaale District  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local:  
 New Partner: No

Sub-Partner Name: Kibaale District Action for Development  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Kibaale Integrated Health and Development  
 Sub Partner Type: FBO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kibaale Network of PLWA (KIBANET)  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Kibaare Anti AIDS Initiative Group  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: KIPABBUSAWA  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Kitenga CBO Forum  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Kitwe Health Centre IV  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local:  
 New Partner: No

Sub-Partner Name: Kiyora Dramactors Club  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No



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Prime Partner:

John Snow Inc

Sub-Partner Name: Koboko HSD  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Koboko United Women's Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Kole Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Kolir Women Development Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Kolping House Mityana  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Kuluva Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local:  
New Partner: No

Sub-Partner Name: Kumi District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local:  
New Partner: No

Sub-Partner Name: Kumi Medical Center  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Kuru Youth Effort for Healthy Life and Environmental Protection  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: LIDNET  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Prime Partner:

John Snow Inc

Sub-Partner Name: Lira Community Development Association  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Lira Local Government, Uganda  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: LIRUBO  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Lodanga Women's Club  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Lucia Youth Development Foundation  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Maracha Action for Development  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

Sub-Partner Name: Maracha Health Sub District/ HIV/AIDS Referral Network  
 Committee  
 Sub Partner Type: Host Country Government Agency  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: Marie Stopes Uganda  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: Yes

Sub-Partner Name: MIRUDA  
 Sub Partner Type: NGO  
 Planned Funding Amount:   
 Local: Yes  
 New Partner: No

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Mission for All - Kitokolo Development Project  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Mityana Health Care Center  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Mityana Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Mityana North  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Mityana South Health Sub District  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Mubende Local Government, Uganda (DDHS, DHAC)  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Mubende Local Government, Uganda (Hospital, MRC)  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Mukali Mbega Womens Group Kabelai - Butebo Sub County  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Multi Purpose Youth Development Initiative  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Mwera HC IV  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** NACWOLA, Kumi Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** NACWOLA, Lira Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** NACWOLA, Pallisa Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** NACWOLA, Rukungiri Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** NACWOLA, Soroti Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Nagongera Youth Development Projects  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** National Youth Council  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Ndere Troupe  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Nebbi Cultural Troupe  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Nebbi Local Government, Uganda (Community Services)  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Nebbi Local Government, Uganda (DDHS TB, DHAC)  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Nebbi Women Community Center  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Nebbi Youth and Orphans Development Union  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Needy Kids Orphans Support Centre  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Neighborhood Women Group  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** NGEN+  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Ngoma Vivid Theatricals Features  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Ngora Hospital PMTCT  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** NIFAED  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Ntungamo Development Network  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

Prime Partner:

John Snow Inc

Sub-Partner Name: Ntungamo District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local:   
New Partner: No

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Sub-Partner Name: Nyabushenyi Womens Development Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Nyakibale Hospital  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

Sub-Partner Name: Nyarweshama Widows Association  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Obimileku Youth Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Odravu Popular Initiative for Development  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Ogongora Calvary Chapel  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Olo Orphanage & PLWA Project  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Orungo Youth Integrated Development Organization  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Otuke Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Oyam North HSD Community HIV/AIDS/STD Prevention Project  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** PACEGO Women's Group  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Pader District Local Govt (DDHS)Host Country Agency  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Padra Pio  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Pallisa AIDS Support Organization  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Pallisa Community Development Trust  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Pallisa Community with Vision to Development Association  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Pallisa District  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Parombo Allied Youth Association for Development  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Participatory Rural Action for Development  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Partners in Compassion Ministries  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Philly Lutaya Initiative People Living with HIV/AIDS  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Planning & Development Secretariat  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** PLWHAs Role Model Action Group  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** PLWHAs Role Model Action Group  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Popular Action for Development  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Popular Action for Development  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Post Test Club/Philly Lutaaya Initiatives  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Post Test Club/Philly Lutaaya Initiatives  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** PRISONS  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---



**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Private Sector Promotion Center  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** REPEHAC  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Revival Mission of Uganda  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** RICIDO  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** RIEKO Women & Youth Association  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Rubaare HC IV  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Rubabo  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** RUCOHE  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** RUDINET+  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** RUGADA  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

Prime Partner:

John Snow Inc

Sub-Partner Name: Ruhinda Health Sub District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Ruhinda Women Integrated Development Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rukungiri District Veterans Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rukungiri Empowerment and Rural Transformation Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rukungiri District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Rural Health Concern (RUHECO)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rural Health Development Organization  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rural Integrated Development Organization Network (RIDON)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Rushenya Youth Drama Actors  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Rushooka Orphans Education Centre  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Rwashamaire Health Center  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Save Foundation  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Save Owere  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Save Youth from Drug Abuse (SYDA)  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** SCORE Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Scripture Union Of Ug. (S.U. AFA)  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Serere Health Center  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Sheema North HSD  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Sheema South Health Sub District  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Solidarity for AIDS Organizations  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Soroti District  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:**  
**New Partner:** No

**Sub-Partner Name:** Soroti Environment Concern  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Soroti Medical Associates  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Soroti Youth AIDS Organization  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** St. Anthony Hospital  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** St. Joseph Integrated Orphanage  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** St. Mary's Ediofe Girls' Secondary School  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** St. Tereza Vocational Training Center  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Straight Talk Foundation, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Students Partnership Worldwide  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

Prime Partner:

John Snow Inc

Sub-Partner Name: SUPPORT UGANDA  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: TASWA  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: TB Leprosy Control Programme DHS  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Teso AIDS Project  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Teso Family Vulnerable Children and Support Project  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Teso Islamic Development Organization  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Teso Private Sector Development Center Ltd  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Teso Students Development Association (TESDA)  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Tororo District  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

Prime Partner:

John Snow Inc

Sub-Partner Name: Traditional and Modern Health Practitioners Together against AIDS  
and other diseases, Uganda  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Transcultural Psychosocial Organization  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Tulid CHBC  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Twegatte Kisekende  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

Sub-Partner Name: Uganda National Scout Association  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Uganda Orphan Rural Development Program  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

Sub-Partner Name: Uganda Peoples Defence Forces (UPDF)  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

Sub-Partner Name: Uganda Red Cross - Arua Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

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Sub-Partner Name: Uganda Red Cross - Bushenyi Branch  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Uganda Red Cross - Kumi Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Red Cross - Mityana Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Red Cross - Nebbi Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Red Cross - Pallisa Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Red Cross - Rutungiri Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Uganda Red Cross - Tororo Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

---

**Sub-Partner Name:** Uganda Red Cross, Lira  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Uganda Rural Literacy and Community Development Association  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Women's Efforts to Save Orphans  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** UNASO JIA  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** United Christian Development Organization  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** UPDF 409 BDE  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** UPDF 5th Division Acholi Pii-Pader  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** UWESO - Lira Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** UWESO Bushenyi Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** UWESO Tororo Branch  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** UWESO-2  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** VAPCODE  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Venus Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Vision Terudo, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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Prime Partner: John Snow Inc

Sub-Partner Name: West Ankole Diocese  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Willa HIV/AIDS Support Association - WASA  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: World Education  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: World Learning  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: World Vision Tubur ADP  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: YOUTH ALIVE  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Youth Alive Club  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Sub-Partner Name: Yumbe DHAC  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Yumbe HDS TB  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Sub-Partner Name: Yumbe Safe Motherhood  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: Yes

Prime Partner:

John Snow Inc

Sub-Partner Name:

Yumbe Youth HIV/AIDS Awareness Association

Sub Partner Type:

NGO

Planned Funding Amount:

Local:

Yes

New Partner:

Yes

Mech ID:

696

Mech Type:

Locally procured, country funded (Local)

Mech Name:

UPHOLD

Planned Funding Amount:

Agency:

USAID

Funding Source:

GAC (GHAJ account)

Prime Partner ID:

427

Prime Partner Type:

NGO

Local:

Yes

New Partner:

No

Prime Partner:

John Snow Inc

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: African Medical and Research Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: No

Sub-Partner Name: Bugiri Local Government, Uganda  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

**Prime Partner:**

**John Snow Inc**

**Sub-Partner Name:** Gulu Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Kamuli Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Kisubi Hospital  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Kitgum Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Kyerjejo Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Luwero Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Mbarara Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Rakai Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Sub-Partner Name:** Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

---

**Prime Partner:** John Snow Inc  
**Sub-Partner Name:** Uganda Private Midwives Association  
**Sub Partner Type:** Private Contractor  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Wakiso Local Government, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Mech ID:** 698  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** UPHOLD (Deferred)  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** Deferred (GHAI)  
**Prime Partner ID:** 427  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

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**Mech ID:** 701  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** Track 1  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 427  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Program for Appropriate Technology in Health  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** No

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**Mech ID:** 1,019  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** DELIVER  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 427  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** Johns Hopkins University Center for Communication Programs  
**Mech ID:** 1,032  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Health Communication Partnership  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 481

**Prime Partner:** Johns Hopkins University Center for Communication Programs  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Communication for Development Foundation, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**

Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** International HIV/AIDS Alliance  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**

Funding To Be Determined  
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Save the Children US  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**

Funding To Be Determined  
**Local:** No  
**New Partner:** No

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**Prime Partner:** Johns Hopkins University Institute for International Programs

**Mech ID:** 625  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** University Technical Assistance Programme (UTAP)  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 482  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

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**Prime Partner:** Joint Clinical Research Center, Uganda

**Mech ID:** 1,243  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Joint Clinical Research Center, Uganda  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 258  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Prime Partner:**

**Joint Clinical Research Center, Uganda**

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

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Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

---

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

---

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

---

Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

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Sub-Partner Name: To Be Determined  
Sub Partner Type: Own Agency  
Planned Funding Amount:   
Local: No  
New Partner: No

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Sub-Partner Name: Arua Regional Referral Hospital  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Bombo Military Hospital, Uganda  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

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Sub-Partner Name: Fort Portal Regional Referral Hospital, Uganda  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

Sub-Partner Name: Gulu Regional Referral Hospital, Uganda  
Sub Partner Type: Host Country Government Agency  
Planned Funding Amount:   
Local: Yes  
New Partner: No

---

**Prime Partner:**

**Joint Clinical Research Center, Uganda**

**Sub-Partner Name:** Hoima Regional Referral Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Iganga District Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Jinja Regional Referral Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Kabale Regional Referral Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Kabong District Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Kakira Sugar Plantation Hospital  
**Sub Partner Type:** Private Contractor  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Kamuli District Hospital  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Kasana HC-IV, Luwero, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Kayunga Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Kitagata District Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No



**Prime Partner:**

**Joint Clinical Research Center, Uganda**

**Sub-Partner Name:** Lira Regional Referral Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Mbale Regional Referral Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Mbarara Regional Referral Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Mbuya Military Hospital  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Mubende District Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Mukujju HC-IV, Tororo, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Mulago Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Nyakibale Hospital  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** Soroti Regional Referral Hospital, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:**

**Macro International**

**Mech ID:** 1,126  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Facilities survey  
**Planned Funding Amount:**   
**Agency:** USAID

**Prime Partner:** Macro International  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 429  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

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**Mech ID:** 1,365  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Sero Survey USAID  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 429  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

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**Mech ID:** 1,500  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Support to Uganda Demographic Health Survey (DHS)  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 429  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

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**Prime Partner:** Makerere and Mbarara University Hospitals  
**Mech ID:** 1,107  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**   
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 2,047  
**Prime Partner Type:** University  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** Makerere University, Institute of Public Health  
**Mech ID:** 1,084  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**   
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 502  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Community Resilience & Dialogue (CRD)  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Prime Partner:**

**Makerere University, Institute of Public Health**

**Sub-Partner Name:** Kabarole District Health Services, Uganda  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Makerere University John Hopkins University Collaboration  
**Sub Partner Type:** University  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Rakai Health Sciences Program  
**Sub Partner Type:** University  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** Reach Out, Mbuya, Uganda  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** St. Francis Hospital, Nsambya-Kampala  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Straight Talk Foundation, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** The AIDS Support Organization  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

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**Sub-Partner Name:** The Uganda Red Cross Society  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda AIDS Commission  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Sub-Partner Name:** Uganda Ministry of Gender, Labor and Sports  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

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**Prime Partner:** Makerere University, Institute of Public Health  
**Sub-Partner Name:** Uganda Peoples Defence Forces (UPDF)  
**Sub Partner Type:** Host Country Government Agency  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Medical Research Council of Uganda  
**Mech ID:** 1,270  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 1,939  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** The AIDS Support Organization  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Mildmay International  
**Mech ID:** 1,252  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 957  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Reach Out, Mbuya, Uganda  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Mech ID:** 1,298  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Mildmay - Supplemental/Nov04-Mar05  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 957  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Prime Partner:** Ministry of Health, Uganda  
**Mech ID:** 1,259  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)

**Prime Partner:** Ministry of Health, Uganda  
**Prime Partner ID:** 1,904  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

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**Mech ID:** 1,275  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Policy Development  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHA account)  
**Prime Partner ID:** 1,904  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** National Medical Stores (NMS)

**Mech ID:** 629  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHA account)  
**Prime Partner ID:** 944  
**Prime Partner Type:** Own Agency  
**Local:** Yes  
**New Partner:** Yes

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**Mech ID:** 1,283  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** National Medical Stores (Deferred)  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Deferred (GHA)  
**Prime Partner ID:** 944  
**Prime Partner Type:** Own Agency  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** Opportunity International

**Mech ID:** 1,123  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 1  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 20  
**Prime Partner Type:** FBO  
**Local:** No  
**New Partner:** No

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**Sub-Partner Name:** Habitat for Humanity  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** Yes

**Prime Partner:**

**Opportunity International**

**Sub-Partner Name:** Uganda Agency For Development Ltd. (UGAFODE)  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:**

**Plan Uganda**

**Mech ID:** 1,119  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 2  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 1,820  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Hope for African Children Initiative  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** International Save the Children Alliance  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** World Conference of Religions for Peace  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Prime Partner:**

**Population Services International**

**Mech ID:** 699  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Basic Care Package Procurement/Disemination  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHA account)  
**Prime Partner ID:** 206  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Straight Talk Foundation, Uganda  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** Yes

**Prime Partner:**

**Program for Appropriate Technology in Health**

**Mech ID:** 1,061  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** AB Track 1/ Round 2  
**Planned Funding Amount:**

Prime Partner: Program for Appropriate Technology in Health  
Agency: USAID  
Funding Source: N/A  
Prime Partner ID: 207  
Prime Partner Type: NGO  
Local: No  
New Partner: No

Prime Partner: Protecting Families Against AIDS (PREFA)  
Mech ID: 679  
Mech Type: Locally procured, country funded (Local)  
Mech Name:  
Planned Funding Amount:   
Agency: HHS  
Funding Source: GAC (GHAJ account)  
Prime Partner ID: 973  
Prime Partner Type: NGO  
Local: Yes  
New Partner: No

Sub-Partner Name: Islamic Medical Association of Uganda  
Sub Partner Type: FBO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Prime Partner: Research Triangle International  
Mech ID: 1,255  
Mech Type: Locally procured, country funded (Local)  
Mech Name: Routine Counseling and Testing in Two District Hospitals  
Planned Funding Amount:   
Agency: HHS  
Funding Source: GAC (GHAJ account)  
Prime Partner ID: 1,928  
Prime Partner Type: NGO  
Local: No  
New Partner: No

Sub-Partner Name: AIDS Health Care Foundation  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: No  
New Partner: Yes

Sub-Partner Name: AIDS Information Center  
Sub Partner Type: NGO  
Planned Funding Amount:   
Local: Yes  
New Partner: No

Mech ID: 1,282  
Mech Type: Locally procured, country funded (Local)  
Mech Name: Research Triangle International (RTI)  
Planned Funding Amount:   
Agency: HHS  
Funding Source: Deferred (GHAJ)  
Prime Partner ID: 1,928  
Prime Partner Type: NGO  
Local: No  
New Partner: No

Prime Partner: Salvation Army

**Prime Partner:** Salvation Army  
**Mech ID:** 1,112  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** OVC Track 1/Round 2  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 21  
**Prime Partner Type:** FBO  
**Local:** Yes  
**New Partner:** Yes

**Sub-Partner Name:** Salvation Army East Africa  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** Yes

**Prime Partner:** Samaritan's Purse  
**Mech ID:** 1,062  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:** Track 1, Round 2 AB  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** N/A  
**Prime Partner ID:** 934  
**Prime Partner Type:** FBO  
**Local:** No  
**New Partner:** Yes

**Prime Partner:** The ACDI/VOCA  
**Mech ID:** 1,021  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** PL480 Title II HIV/AIDS Feeding Program  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 2,079  
**Prime Partner Type:** NGO  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Africare  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Catholic Relief Services  
**Sub Partner Type:** FBO  
**Planned Funding Amount:**   
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** The AIDS Support Organization  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:** The AIDS Support Organization



**Prime Partner:** The AIDS Support Organization  
**Mech ID:** 693  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** TASO CDC  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 297  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Mech ID:** 694  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** TASO USAID  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 297  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Mech ID:** 1,285  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Counselor HIV Training - Deferred  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Deferred (GHAI)  
**Prime Partner ID:** 297  
**Prime Partner Type:** NGO  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** The Futures Group International  
**Mech ID:** 1,132  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** PHA Advocacy & Legal Support  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 435  
**Prime Partner Type:** TBD  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Association of Women Lawyers  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Tororo District Hospital  
**Mech ID:** 1,069  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 1,810  
**Prime Partner Type:** Host Country Government Agency

**Prime Partner:** Tororo District Hospital  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Training Resources Group  
**Mech ID:** 1,127  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 1,825  
**Prime Partner Type:** Private Contractor  
**Local:** No  
**New Partner:** No

**Prime Partner:** Uganda Blood Transfusion Services  
**Mech ID:** 1,250  
**Mech Type:** Headquarters procured, centrally funded (Central)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** N/A  
**Prime Partner ID:** 401  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

**Sub-Partner Name:** The Uganda Red Cross Society  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**   
**Local:** Yes  
**New Partner:** No

**Prime Partner:** Uganda Virus Research Institute  
**Mech ID:** 611  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 933  
**Prime Partner Type:** Host Country Government Agency  
**Local:** Yes  
**New Partner:** No

**Prime Partner:** University of California San Francisco  
**Mech ID:** 1,273  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** University of California San Francisco - UTAP  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 1,940  
**Prime Partner Type:** University  
**Local:** No  
**New Partner:** No

**Prime Partner:** US Agency for International Development  
**Mech ID:** 1,373  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** USAID Management

**Prime Partner:** US Agency for International Development  
**Planned Funding Amount:**   
**Agency:** USAID  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 527  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Prime Partner:** US Centers for Disease Control and Prevention  
**Mech ID:** 1,256  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Laboratory Strengthening  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Sub-Partner Name:** Association of Public Health Laboratories  
**Sub Partner Type:** NGO  
**Planned Funding Amount:**  Funding To Be Determined  
**Local:** No  
**New Partner:** Yes

**Mech ID:** 1,257  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** CDC HBAC  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Base (GAP account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,279  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Evaluation- Basic Preventive Care Package  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,289  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Laboratory - Deferred  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Deferred (GHAJ)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,318

**Prime Partner:** US Centers for Disease Control and Prevention  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** US Centers for Disease Control - Informatics Unit  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Base (GAP account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,322  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** CDC Laboratory Services  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Base (GAP account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,358  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** CDC Operational Expenses  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** Base (GAP account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Mech ID:** 1,507  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Home-base AIDS Care  
**Planned Funding Amount:**   
**Agency:** HHS  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 528  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

**Prime Partner:** US Department of Defense  
**Mech ID:** 690  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:**   
**Planned Funding Amount:**   
**Agency:** Department of Defense  
**Funding Source:** GAC (GHAI account)  
**Prime Partner ID:** 529  
**Prime Partner Type:** Own Agency  
**Local:** Yes  
**New Partner:** No

**Mech ID:** 1,205  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** US Department of Defense (Deferred)  
**Planned Funding Amount:**   
**Agency:** Department of Defense  
**Funding Source:** Deferred (GHAI)

**Prime Partner:** US Department of Defense  
**Prime Partner ID:** 529  
**Prime Partner Type:** Own Agency  
**Local:** Yes  
**New Partner:** No

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**Prime Partner:** US Department of State  
**Mech ID:** 1,311  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** State Department  
**Planned Funding Amount:**   
**Agency:** Department of State  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 531  
**Prime Partner Type:** Other USG Agency  
**Local:** No  
**New Partner:** No

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**Mech ID:** 1,471  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** US Department of State (Deferred)  
**Planned Funding Amount:**   
**Agency:** Department of State  
**Funding Source:** Deferred (GHAJ)  
**Prime Partner ID:** 531  
**Prime Partner Type:** Other USG Agency  
**Local:** No  
**New Partner:** No

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**Prime Partner:** US Peace Corps  
**Mech ID:** 1,222  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Peace Corps  
**Planned Funding Amount:**   
**Agency:** Peace Corps  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 536  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

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**Mech ID:** 1,278  
**Mech Type:** Locally procured, country funded (Local)  
**Mech Name:** Peace Corps (Deferred)  
**Planned Funding Amount:**   
**Agency:** Peace Corps  
**Funding Source:** Deferred (GHAJ)  
**Prime Partner ID:** 536  
**Prime Partner Type:** Own Agency  
**Local:** No  
**New Partner:** No

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**Prime Partner:** Walter Reed  
**Mech ID:** 1,245  
**Mech Type:** Headquarters procured, country funded (HQ)  
**Mech Name:** Makerere University Walter Reed Project (MUWRP)  
**Planned Funding Amount:**   
**Agency:** Department of Defense  
**Funding Source:** GAC (GHAJ account)  
**Prime Partner ID:** 1,906  
**Prime Partner Type:** Other USG Agency  
**Local:** No

Prime Partner:  
New Partner:

Walter Reed  
Yes

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Program Area:

Budget Code:

Program Area Code:

**Table 3.3.1: PROGRAM PLANNING OVERVIEW**

- 
- |           |   |
|-----------|---|
| Result 1: | Quality PMTCT services integrated into routine maternal and child health services   |
| Result 2: | Expanded access to quality PMTCT services to 150 sites, including integration and referral for preventive care and ART    |
| Result 3: | Expanded awareness and demand creation through national campaigns for PMTCT services implemented                          |
| Result 4: | Improved logistics system for expansion of PMTCT services including full supply of test kits, NVP and related commodities |
| Result 5: | Improved national training curricula and job aids developed and disseminated to improve training systems                  |
-

Total Funding for Program Area (\$)

**Current Program Context:**

The Uganda MOH estimates that there were a total of 15,630 new HIV infections in 2002 among children less than 15 years and the majority of those were from mother-to-child transmission. This high burden of pediatric infections continues to drive the impetus of the national program. The Uganda National PMTCT program was established in 2002 with the goal of introducing PMTCT through the existing antenatal care system in all districts by 2005. The program has expanded rapidly and is well established with USG and UNICEF as primary donor partners. In 2003/4 the number of sites providing PMTCT increased from 113 to 160 sites. By end September 2004, all but 4 of the 56 districts had at least one PMTCT facility, towards the goal of complete coverage of all health center IVs by the end of 2005. In addition, the number of new ANC clients able to access services had increased to 240,000 by mid-year, a doubling from 2003. Of these women, 60% have been tested, about 10% are HIV positive and 60% received ARV prophylaxis. Over 90% of 1 million pregnant women in Uganda each year attend antenatal services at least once; however the tendency is to report late in pregnancy and generally women only visit once. Further, less than 38% of women deliver at a health facility, lessening opportunity for ensuring that ARV prophylaxis is taken. The standard approach to PMTCT in Uganda is to deliver counseling and testing by a trained midwife or nurse as part of routine antenatal care, and provision of single dose NVP upon onset of labor and infant dose after delivery. Providers are trained using the national curriculum for PMTCT and infant feeding and supported through national supervision teams. The national curriculum has solid technical basis but does not currently provide job aids and counselor guides to assist counselors. Following an HIV+ diagnosis women are provided follow on support and palliative care through post-test clubs and outpatient services in a limited fashion. A national PMTCT communications campaign was launched in 2003 and comprises mass media, community and clinic shows and print materials. In 2004, few HIV+ pregnant women were able to receive ART; those who did generally paid for services in Kampala or the satellite sites that have rapidly expanded in 2004. HIV+ pregnant women who are immuno-compromised and need treatment will increasingly be able to access ART at regional and district hospitals, as ARVs become more available. In 2005 HIV+ women at PMTCT sites will be referred to receive HIV AIDS care and treatment at nearby district and regional hospitals. In 2004 USG continued support begun under the Presidential Mother and Child HIV Prevention Initiative to expand support from 70 to 107 sites, contributing to the national program expansion to move toward PMTCT service coverage in all 56 districts. USG supported programs through Elizabeth Glazer, UPHOLD, AIM, CRD, PSI and CDC counseled and tested over 150,000 women, launched a national PMTCT communications campaign reached thousands with national radio and print campaigns and education materials at service delivery points and updated the national monitoring and evaluation registers. In 2005, USG will focus on expanding access to PMTCT services in districts to lower level sites and through outreach, improving quality of services through counseling training and development of job aids and strengthening referral networks to link HIV positive mothers to palliative care and ART services.



Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** University Technical Assistance Programme (UTAP) / Johns Hopkins University Institute for In  
**Planned Funds:**

**Activity Narrative:** Johns Hopkins University provides technical assistance in PMTCT to USG through the University Technical Assistance Programme [UTAP]. In FY04, JHPIEGO provided technical assistance and supported the improvement of PMTCT services in collaboration with PREFA.

In FY05, JHU/JHPIEGO will continue technical and program management support for to enhance PMTCT service delivery. This support will focus on augmenting the quality of in-service PMTCT training sessions and support supervision of health workers involved in the implementation and management of PMTCT program activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	26%
<input checked="" type="checkbox"/> Needs Assessment	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	9%
<input checked="" type="checkbox"/> Training	56%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
- Ministry of Health staff
- Program managers

**Key Legislative Issues:**

- Twinning

**Coverage Area:** National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** AIDS Integrated Model District Program (AIM) / John Snow Inc

**Planned Funds:**

**Activity Narrative:**

AIM is currently supporting the delivery of PMTCT services in 16 districts. In FY04 (estimated 4th quarter), AIM supported 54 sites (district hospitals, health center IVs, and health center IIIs), which reached a total of 33,917 women with counseling and testing services. The focus of activities was on orienting and training MCH staff, renovations of health centers and commodity procurement to ensure the delivery of basic PMTCT services. Identifying and funding civil society organizations to support demand creation and follow-up was achieved.

In FY05, AIM will support an additional 26 sites, for a total of 80 sites, reaching 86,400 women. Activities will focus on operationalizing new sites and strengthening existing sites. Specifically, quality assurance and support supervision will be strengthened to increase uptake in counseling, testing and ARV prophylaxis for mother and child; 16 sites will be expanded; referral systems will be identified and strengthened to ensure HIV+ women and infants receive palliative HIV/AIDS care and ART services.

The AIM project will also work closely with district planning and evaluation officials as well as the district director of health services and the health facility staff to appropriately define the catchment area and targets for each facility in a given district. Through IEC / BCC activities delivered through health center outreach and civil society organizations, the important role of men in supporting testing and follow-up services will be emphasized, as well as promoting partner testing. Financial and technical assistance to civil society and faith-based organizations will further support families and communities to encourage more women to enroll in PMTCT services as well as to provide support, including access to and adherence to ART services and psychosocial support for breastfeeding.

With a significant number of AIM districts being conflict affected, AIM will support innovative approaches to reach pregnant women, their spouses and families in IDP camps.

Key to the success of this program is working closely with the MOH and other national partners to ensure adequate supply of PMTCT commodities and train Health Care Workers to adequately forecast for commodities within the national essential drug "pull" system.

Limited numbers of health staff to provide counseling and follow-up also impacts uptake into services as well as the delivery of quality services. AIM will link with national efforts to improve human resources for HIV/AIDS services as appropriate.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	12%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	1%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	31%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	5,184	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	86,400	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	80	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- Infants
- Refugees/Internally displaced persons
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Policy makers
- Pregnant women
- Women of reproductive age

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Protecting Families Against AIDS (PREFA)

Planned Funds:

**Activity Narrative:**

PREFA's mission is to provide training and technical assistance to enhance access and quality of HIV/AIDS prevention, care and treatment interventions within PMTCT services. Project activities include: support to underserved health facilities to provide high quality PMTCT services and increase uptake of PMTCT; promote community and family involvement in the PMTCT program; and provide in-service training opportunities for PMTCT service providers.

In FY04, PREFA supported the expansion of the PMTCT services at three health centers and one Muslim hospital in the Kampala District; conducted a training needs assessment; reviewed/updated PMTCT IEC materials and supported country-wide dissemination.

During FY05; PREFA will support intra-district expansion of service delivery points in collaboration with the MOH; provide training and technical assistance to fully establish one model PMTCT site in Kayunga District; continue support for the 4 Kampala District sites; expand activities to 7 new sites in Kampala and 3 in Kayunga districts. In addition collaborate with new partners such as the Islamic Medical Association (IMAU), who be established. And finally, PREFA will initiate PMTCT-plus services at supported sites.

Program interventions have established strong linkages with commodity and logistic projects at the MOH and National Medical Stores, to ensure efficient and effective delivery of PMTCT supplies; as well as with the MOH nutrition unit for training in infant feeding counseling in the context of HIV and the MOH PMTCT coordination Unit.

**Activity Category**

- Commodity Procurement
- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems

**% of Funds**

7%  
3%  
1%

<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	26%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	265	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,520	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	19,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	14	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Family planning clients
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Traditional birth attendants
  - Private health care providers
  - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Prisoners
- Youth

**Key Legislative Issues:**

- Gender
- Twinning
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

**Activity Narrative:**

The Uganda Program for Human and Holistic Development (UPHOLD) is implemented by John Snow International and delivers an integrated health, education and HIV/AIDS program in 20 rural districts in Uganda. With Emergency Plan funds, UPHOLD provides HIV/AIDS services through Ministry of Health and non-governmental sites. The program received Emergency Plan funds for PMTCT in late 2004 and began activities. In FY 2004 UPHOLD initiated services in 4 districts and 10 sites. Activities involved identifying and training health workers and community mobilization to encourage the uptake of services by pregnant women and their families.

In FY2005 UPHOLD will launch PMTCT services in 7 new districts and 17 new sites, bringing the total number to 30 sites in 12 districts. Sites are predominantly Health Center Level IVs where the majority of women receive antenatal services. In 2005 10,000 women in antenatal care will be counseled and tested and 700 will receive ARV prophylaxis. Key activities will include infrastructure development, training in PMTCT counseling and infant feeding, dissemination of communications materials to complement the national PMTCT communications campaign especially focused on promoting safe disclosure while mitigating potential harmful consequences including stigma and domestic violence. UPHOLD will also support community behaviour change communications interventions to promote benefits of use of PMTCT service. PMTCT will be integrated into maternal and child health services and linked to programs providing care and treatment. Psychosocial support groups for HIV positive women who have accessed PMTCT services will play a key role in mobilizing other pregnant mothers and partners. Community based groups will be trained to provide home follow up of mothers and children.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	180	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	700	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	30	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Health Care Workers
- Traditional birth attendants
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113



Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: UPHOLD (Deferred) / John Snow Inc

Planned Funds:

**Activity Narrative:**

The Uganda Program for Human and Holistic Development (UPHOLD) is implemented by John Snow International and delivers an integrated health, education and HIV/AIDS program in 20 rural districts in Uganda. With Emergency Plan funds, UPHOLD provides HIV/AIDS services through Ministry of Health and non-governmental sites. The program received Emergency Plan funds for PMTCT in late 2004 and began activities. In FY 2004 UPHOLD initiated services in 4 districts and 10 sites. Activities involved identifying and training health workers and community mobilization to encourage the uptake of services by pregnant women and their families.

With the 206,160,000 in funds that were deferred from FY2004, UPHOLD will work in the four existing districts and add two sites in Kyenjojo District. The program will train health care workers and counselors in PMTCT services and infant feeding, refurbishment of counseling rooms and laboratory space, community mobilization activities and referrals for HIV+ women and families where regional hospitals are providing ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	60	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	280	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	5,400	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	13	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Community members
- Faith-based organizations
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Pregnant women
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Kamuli	ISO Code: UG-205
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Wakiso	ISO Code: UG-113

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

**Activity Narrative:**

The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs.

In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of PMTCT national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Logistics	60%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	400	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

**Activity Narrative:**

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a non-governmental organization delivery PMTCT and ART services globally. In Uganda, EGPAF worked with Ministry of Health to launch some of the first PMTCT programs in 2001. Since then their program has been responsible for the most significant increases in PMTCT services in the country. In 2004 EGPAF served 75,000 women with counseling and testing in 24 sites in 7 districts, trained 340 health workers and laid the groundwork for psychosocial support programs in several sites.

In FY2005, EGPAF will expand to 92 sites in 16 districts, train 1000 health care workers, counsel and test 150,000 women through antenatal services and provide a comprehensive set of services to all HIV positive women. Four of the districts previously supported by private funds and will fall under USG support in 2005. EGPAF will launch 32 psychosocial support groups designed to help women disclose safely and enter into the care and treatment network. While some sites supported by EGPAF will deliver ART, the majority of HIV+ mothers served by EGPAF will be linked to sites providing palliative care and ART. While there will be expansion to 7 new districts, the main focus for 2005 will be to improve quality of counseling, follow up of HIV+ pregnant women to deliver at facilities and increase uptake of ARV prophylaxis and actively link women to ARV treatment sites. In addition there will be a strong focus on engaging partners of HIV+ pregnant women to know their status and support uptake of PMTCT and entry into care. Six of the EGPAF districts are located in regions where ART will be available at Ministry of Health Regional Hospitals working in collaboration with Joint Clinical Research Center under USG support. At these sites in 2005, all HIV+ pregnant women who need ART will receive free treatment and CD4 monitoring, hence EGPAF will support intensive referral, follow up and post-test counseling support to women and their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	3%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%

- Infrastructure 15%
- Local Organization Capacity Development 2%
- Needs Assessment 3%
- Quality Assurance and Supportive Supervision 20%
- Strategic Information (M&E, IT, Reporting) 4%
- Training 20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	1,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,295	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	100,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	96	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Faith-based organizations
- Family planning clients
- Doctors
- Medical/health service providers
- Nurses
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Kasese	ISO Code: UG-406
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Community Resilience and Dialogue / International Rescue Committee

**Planned Funds:**

**Activity Narrative:**

Community Resilience and Dialogue is implemented by a consortia of non-governmental agencies led by International Rescue Committee. The program supports PMTCT programs in four sites in three conflict districts. In 2005 CRD will expand PMTCT services an additional three health centers in Kitgum and Pader while strengthening existing PMTCT services in three sites and outreach centers. In all, 14 service outlets will provide PMTCT services. The program will counsel and test 13,500 women and train 113 health care workers.

With funds deferred from FY2004, CRD will focus on linking HIV+ pregnant women, children and their families to palliative care and treatment services and contribute to strengthening PMTCT service delivery in the existing four sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	11%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	32%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	9%
<input checked="" type="checkbox"/> Local Organization Capacity Development	14%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	113	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	650	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	13,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	14	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
  - Community health workers
  - Doctors
  - Nurses
  - Pharmacists
  - Traditional birth attendants
  - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
  - Refugees/internally displaced persons
- Pregnant women
- Volunteers
- Women of reproductive age
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kasese	ISO Code: UG-406
State Province: Kitgum	ISO Code: UG-305
State Province: Pader	ISO Code: UG-312



Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

The Institute of Public Health of Makerere University, is collaborating with Rakai Health Sciences Program to pilot a home based PMTCT program in Rakai District.

Rakai Health Sciences Program (RHSP) works in collaboration with the Ministry of Health national PMTCT program. It pioneered a program which was the first in Uganda to initiate home-based maternal self-administration of nevirapine and maternal dosing of infant syrup. This approach was based on the premise that over 60% of mothers deliver outside the conventional health care system. Currently the program has over 85% coverage of mother-infant pairs with nevirapine for PMTCT and reaches over 90% of HIV+ mothers in areas covered by RHSP. The program has registered a 60% reduction in perinatal HIV transmission.

In FY05 services will be expanded to 150 mothers. This expansion will require provision of VCT to about 400 mothers. Infant feeding formula will be provided to 50 HIV-positive mothers who choose not to breastfeed. HIV-positive infants provided ART as indicated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	44%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	24%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Training	2%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	4	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	16	<input type="checkbox"/> Not Applicable

**Target Populations:**

- HIV+ pregnant women*
- Infants*
- Pregnant women*

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs*
- Reducing violence and coercion*
- Twinning*
- Stigma and discrimination*

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT Training Materials / To Be Determined

Planned Funds:

**Activity Narrative:**

PMTCT counseling and testing is showing results, however, uptake of testing and more significantly into treatment and subsequent care and good infant feeding practices remains low. Counseling quality is variable in that most nurses and midwives, who do most of the counseling, are already overburdened. The MOH delivers the vast majority of training for PMTCT providers in the country and although sites have received technically sound training through a national curriculum, the training materials are not user-friendly and there are no job aids to assist staff and guide the counseling process after the training is complete.

With MOH, this activity will strengthen the national training program by updating training materials and developing job aids and materials for use with national training teams and for counselors and nurses doing CT and infant feeding counseling.

It is expected that quality of support will be improved in over 390 PMTCT and VCT sites supported through USG and uptake of PMTCT services will increase by women and their partners, especially among HIV+ women.

**Activity Category**

- Community Mobilization/Participation
- Human Resources
- Information, Education and Communication
- Training

**% of Funds**

- 10%
- 10%
- 70%
- 10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	1,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	20,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	240,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	400	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women

**Key Legislative Issues:**

Increasing gender equity in HIV/AIDS programs

**Coverage Area:**        **National**

**State Province:**

**ISO Code:**

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

**Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: **Community Resilience and Dialogue (Deferred) / International Rescue Committee**

Planned Funds:

**Activity Narrative:** Community Resilience and Dialogue is implemented by a consortia of non-governmental agencies led by International Rescue Committee. The program supports PMTCT programs in four sites in three conflict districts. In 2005 CRD will expand PMTCT services an additional three health centers in Kitgum and Pader while strengthening existing PMTCT services in three sites and outreach centers. In all, 14 service outlets will provide PMTCT services. The program will counsel and test 13,500 women and train 113 health care workers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	140	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	40	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	841	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	7	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Community members
- Community-based organizations
- Doctors
- Nurses
- Pharmacists
- Traditional birth attendants
- Discordant couples
- HIV+ pregnant women
- Infants
- Refugees/internally displaced persons
- Pregnant women
- Sex partners
- Volunteers
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion

**Coverage Area:**

State Province: Kitgum

ISO Code: UG-305

State Province: Pader

ISO Code: UG-312

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. Further, in 2002 the USG through the PMTCT Initiative program provided support to the Ministry of Health national PMTCT program to scale up services in the districts, improve quality of services and strengthen the monitoring and evaluation system.

FY04 support to MOH included activities focused on improving the human resource capacity for PMTCT implementation; supporting the coordination of the national program; and strengthening the monitoring and evaluation system.

In FY05, USG will continue support to MOH for review/update existing PMTCT policies and guidelines; to train PMTCT health service providers in underserved districts; and support supervision.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	350	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	6,035	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	154,760	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Faith-based organizations
- Health Care Workers
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Sex partners
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:



Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

IRC will need to hire additional staff to provide the full spectrum of PMTCT interventions to the refugees and surrounding local populations; this will include hiring additional midwives, counselors and laboratory staff. PMTCT interventions will include training on appropriate obstetric interventions, infant feeding and breast care counseling, VCT for antenatal clients and partners, nevirapine to the mother and infant, malaria prevention (malaria infection during pregnancy has been shown to increase risk of maternal to child transmission of HIV) and case management, referral for family planning counseling and training of TBAs in PMTCT.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	24%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	9%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	18%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	8	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	134	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	3,348	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- HIV+ pregnant women
- Infants
- Refugees/internally displaced persons
- Pregnant women
- Women of reproductive age

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.2: PROGRAM PLANNING OVERVIEW**

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- Result 1: USG-supported A/B programming in NGO, FBO and community based organizations is increased and strengthened
- Result 2: Mass media programs launched to promote abstinence among youth, faithfulness among couples, and responsible behaviors among men.
- Result 3: PIASCY Initiative of openly discussing HIV/AIDS prevention with students is strengthened in primary schools and expanded to secondary schools
- Result 4: Teachers in primary and secondary schools are increasingly skilled in counseling and guidance techniques to better communicate with their students
- Result 5: Awareness of sexual exploitation of youth, and gender-based violence that increase HIV infection rates is heightened

Total Funding for Program Area (\$):

**Current Program Context:**

USG programming is increasingly emphasizing both A and B. The approach is to tailor these A and B messages to separate population sub-groups, given they promote different behaviors. FY04 prevention activities highlighted abstinence only and delayed debut and was tailored for young people under the age of 24 who are most vulnerable to engage in risky behaviors. Ugandan youth typically become sexually active early, and this is particularly true for young girls who often have unwanted and coerced sex with older men, who are often already infected with the HIV virus. Adolescents were identified as the key group for Abstinence messages, and USG programming built on existing GOU frameworks, guidelines and initiatives. Abstinence programming was increased through existing programs as grants were given to civil society and faith based groups, working with adolescents and promoting abstinence. \n\nOne of the major USG supported programs is the in-school PIASCY initiative which encourages teachers to openly discuss HIV/AIDS and responsible sexuality with students. Track 1.5 USG support has been instrumental in finalizing the messages and handbooks for teachers' use during their biweekly assemblies with students. With USG support, these handbooks have been developed, finalized, and distributed to all primary schools in Uganda, and teachers oriented in their use. FY05 programming builds on this foundation to increase the effectiveness of primary school teachers by strengthening their counseling and guidance skills, and by expanding PIASCY to secondary schools, through age appropriate materials and teacher training. \n\nUganda's First Lady is a charismatic champion of AB programming and a strong supporter of risk avoidance. Her Office is collaborating with the UAC and the Ministry of Gender to articulate a national AB strategy, which is expected to enhance effective planning and coordination of abstinence and being faithful programs. As the AB policy is formulated, additional donors may increase their support to abstinence programming. Currently, UNICEF is one of the major partners focusing its programming support on adolescents and their vulnerabilities, whereas Danida and DFID channel their support through funding to the Straight Talk Foundation, a national leader in abstinence education. \n\nAs USG programming for abstinence continues to grow, and new civil society and faith based partners are added, programming for faithfulness will also be expanded in FY05. While the target audience for abstinence is young people of both genders, the target for the be faithful programming is mainly men. Uganda attracted the attention of the world in the 80s by launching one of the best known efforts to encourage partner reduction and faithfulness, the zero grazing and love carefully campaigns. FY05 programming will build on lessons learned from that important effort, and renew the focus on faithfulness, with a special emphasis on couple testing. \n\nPrevailing gender norms in Uganda sanction violent male behaviors and create an environment conducive to the spread of HIV, by increasing the vulnerability of young women and girls to unwanted sex, often with older men. Defilement and domestic violence, largely perpetrated by men, are being increasingly denounced in the media and in public fora. Using FY03 funds, a multimedia campaign is currently being developed to address youth vulnerabilities, including sexual exploitation. The socialization of boys and accepted norms of masculinity will be addressed in this campaign, in an effort to endorse norms and attitudes that are more socially responsible and respectful of girls and women. FY05 programming will build on this initiative and heighten the discourse on norms of masculinity with a national faithfulness campaign through which ideals of masculinity are redefined, and positive male role models promoted.

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

Working within the context of the National Strategic Framework for HIV/AIDS, as well as in support of 16 district-based HIV/AIDS strategic workplans, AIM's AB activities are focused on AB as well as A only. AIM supports the delivery of services through NGOs and FBOS by providing them financial assistance and capacity building, which focuses on organizational development and technical competency in a given program area.

The A only activities are geared toward youth 10 – 19 years old, with a focus on interactive communications, such as music, dance and drama, for in and out of school youth. AIM's overall support is to 4 national NGOs with activities that have a district presence as well as civil society and faith-based organizations working at the community level. The four national activities include: Youth Alive, a FBO; Youth Forum, which was founded and managed through the First Lady's Office; Straight Talk, which focuses on print and radio communications and school clubs; and, a national music, dance and drama theatre group. The AB activities are geared toward out of school youth 15- 19 years old and adults. AIM is providing financial and technical assistance to several national NGOs as well as civil society and faith-based groups at the community level to promote faithfulness messages. The National NGO's include Straight Talk and Family Planning Association of Uganda. AIM's interventions are focused toward older youth, sexually active adults and couples, who will also be encouraged to get tested together. With a significant portion of AIM districts being conflict affected districts, many AB activities will be implemented through IDP camps to appropriate audiences. Social, cultural and environmental factors influencing youth behaviors will be identified and integrated into programming i.e. addressing issues of early marriage within certain tribes and the role of parents and caretakers in influencing children's behaviors.

AIM will undertake joint programming with the UPHOLD program where appropriate and activities will be coordinated and aligned with the PIASCY initiative. Abstinence and HIV prevention messages will also be integrated in AIM supported OVC interventions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	45%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

- Strategic Information (M&E, IT, Reporting) 5%
- Training 13%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	1,056,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	112	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	112	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	142,800	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	179,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	1,872	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,360	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	19	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	19	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community-based organizations
- Faith-based organizations
  - Refugees/Internally displaced persons
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Students
  - Primary school
  - Secondary school
- Youth
  - Girls
  - Boys

**Key Legislative Issues:**

- Gender

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

**Activity Narrative:**

A behavior-centered strategy will be used to address the locally-specific barriers and supports to behaviors related to abstinence/be faithful (A/B). These can include internal and external factors such as knowledge, attitudes, social norms, self-efficacy, and service access and quality, among others. Locally-specific barriers and supports will be determined for promoting A/B for each audience.

Defilement, cross-generational sex, parent-child communication about risky behaviors, and abstinence for youth are among the key areas that will be addressed through both community outreach, as well as, the mass media. Content for each area will reflect the barriers and supports that respectively hinder or facilitate behavior change. Community outreach will rely mainly on music, drama and dance troupes, whereas media programming will focus on radio. Training of radio journalists and producers will be provided to ensure that their programs effectively promote public dialogue on A/B, defilement and risky behavior.

**Activity Category**

- Community Mobilization/Participation
- Information, Education and Communication
- Linkages with Other Sectors and Initiatives
- Local Organization Capacity Development
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 20%
- 45%
- 10%
- 10%
- 5%
- 10%



**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	3,570,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,570,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	13	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	15	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	1,000,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	680	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	680	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	5	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Media
- Religious/traditional leaders
  - Primary school
- Sex partners
- Teachers
- Women of reproductive age
- Youth
  - Girls
  - Boys

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: The Core Initiative / CARE International

Planned Funds:

**Activity Narrative:**

Core Initiative activities will strengthen abstinence behavior change, including faithfulness, communications in FBO and CBO settings through a national granting mechanism governed by the Uganda AIDS Commission. The Core Initiative will provide technical support to strengthen the capacity of grantees. The program will provide up to 10 grants  to faith and non-governmental organisations to work with youth both in and out of school and promote abstinence for youth and faithfulness for couples as well as behaviour change to instill positive life skills (delay of sex, healthy choices).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	10	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	50,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community-based organizations
- Faith-based organizations
- Street youth
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Youth
  - Girls
  - Boys

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communication Prog

Planned Funds:

**Activity Narrative:**

Be faithful and test campaign: this is a multimedia awareness and attitude change campaign, that builds on the ongoing youth multimedia campaign and its focus on boys and men's behavior towards girls and women. The overall goal of the campaign in FY05 will be to open up the public dialogue about gender norms, particularly those that are harmful to girls and women because they increase their vulnerability to HIV infection. The campaign should contribute mainly to reducing the incidence of gender based violence, unwanted sex, and cross-generational sex. By focusing on gender norms, the campaign's effect should however extend beyond prevention to issues of gender disparities also evident in care and treatment. The Health Communication Partnership is a global USAID project that provides technical expertise in communication for social and behavioral change.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	55%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	500,000	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	20	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	400,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Men
- Community members
- Faith-based organizations
- Health Care Workers
- Media
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Boys

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

**Activity Narrative:**

In many CRD districts, high-risk HIV behavior is prevalent, both due to a lack of knowledge on HIV/AIDS and to socio-economic hardship imposed by conflict. AB activities will center on development and dissemination of prevention messages to adults and youth. Dissemination media will include radio, print, and word-of-mouth (school clubs, drama groups, etc). Adults and youth will be trained in the delivery of AB messages and in counseling individuals and families on AB.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Human Resources	22%
<input checked="" type="checkbox"/> Information, Education and Communication	22%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	30%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	110,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	260	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Community leader
- Community members
- Faith-based organizations
- Community health workers
- Implementing organization project staff
- Religious/traditional leaders
- Students
- Teachers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

**Coverage Area:**

State Province: Kasese	ISO Code: UG-406
State Province: Kitgum	ISO Code: UG-305
State Province: Kotido	ISO Code: UG-306
State Province: Moroto	ISO Code: UG-308
State Province: Nakapiripit	ISO Code: UG-311
State Province: Pader	ISO Code: UG-312

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PIASCY / To Be Determined

Planned Funds:

**Activity Narrative:**

Building on an initiative of President Museveni, the PIASCY Program encourages teachers to openly discuss HIV/AIDS and responsible sexuality in schools, and provides teachers with materials and training to improve their ability to deliver abstinence and delay of sex messages as well as provide guidance and counseling to children affected by HIV. The Program facilitates establishment of Anti-AIDS clubs in schools which encourage peer-to-peer dialogue on HIV prevention.

In 2004, PIASCY primary teachers' handbooks were developed to provide teachers with skills to deliver effective abstinence messages and life skills. More than 150,000 teachers' handbooks were distributed and 45,000 teachers (three teachers per primary school) were oriented in their use. Guidance and counseling curriculum was developed in primary teacher training colleges. In the secondary education sub-sector, a PIASCY secondary school handbook was developed to camera-ready stage.

In 2005, primary school training will be deepened to provide the 45,000 teachers who were oriented to PIASCY previously with skills in guidance and counseling and to establish effective anti-AIDS clubs which encourage peer-to-peer dialogue on HIV prevention. A small grants program will be developed within each district to give model PIASCY school programs an incentive grant to support PIASCY operation. The program will also expand to 500 secondary schools, with printing and distribution of student guides that provide age appropriate messages for secondary school students and training of secondary school teachers.

Linkages within the network model will be established through PIASCY piloting an activity to encourage secondary school youth to provide home-based care to individuals affected by AIDS.

Most public schools in Uganda are also affiliated with churches or mosques. PIASCY has actively sought input from the Inter Religious Council in Uganda (IRCU) when developing its materials. The IRCU has cleared the Primary Teachers Handbook for use in all schools throughout the country.

PIASCY receives significant support and attention from President Museveni. The US Government is the only donor currently supporting the program, and US support has been recognized and publicly appreciated by President Museveni.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%



Training

25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	4,000,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	57	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	3,250,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Primary school
- Secondary school
- Teachers
- Youth

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** HIV Readers / To Be Determined

**Planned Funds:**

**Activity Narrative:**

HIV readers provide a very personal and accessible means of reaching young students with fictional accounts of characters affected by AIDS. Children identify with the challenges facing the characters, who are often children themselves, and learn from mistakes or coping strategies employed. Readers provide an entry point for teachers to ask questions and probe children on the messages and implications within the stories. A secondary benefit of HIV readers is the development of reading skills by children who, unlike children in developed countries, do not have access to reading materials as they grow up.

This activity will provide for the procurement and distribution of 10,000 HIV Reader Kits to 1,500 schools (5 kits per school in six Districts determined by the MOES on basis of need). Teacher training will accompany distribution to provide teachers with skills in eliciting open discussion and dialogue on responsible sexuality and life skills. The distribution of Readers will be linked to the PIASCY program to reinforce the messages provided through this complementary school-based program.

This activity will effectively deliver abstinence and HIV prevention messages to students, improve HIV/AIDS prevention behaviors (abstinence), reduce HIV/AIDS stigma and discrimination, and improve children's knowledge of HIV/AIDS transmission and risks. In addition, as most students in Uganda share the limited textbooks available, the HIV Readers will likely provide much sought after supplementary reading material in the beneficiary schools. This will enhance results by encouraging high use and sharing of the readers amongst students and siblings.

This will be piloted in 6 districts - to be determined.

**Activity Category**

- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 70%
- 10%
- 20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	1,500,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Primary school
- Teachers

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AB\_Track\_1/ Round 2 / Catholic Relief Services

Planned Funds:

**Activity Narrative:**

"Avoiding Risk, Affirming Life" is one of four approved proposals under the centrally-funded Track 1, Round 2 AB/Y APS.

This activity will improve HIV prevention behaviors (A/B) among youth, strengthen A/B prevention messages in FBO and community networks, change social and community norms to reduce high risk behaviors, and increase awareness and knowledge about HIV/AIDS preventive practices.

CRS will work in collaboration with other FBOs, and link the program to existing HIV/AIDS programs at the Diocesan level.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	7%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Logistics	12%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	424,900	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Students
- Teachers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

**Coverage Area:**

State Province: Gulu	ISO Code: UG-304
State Province: Kabarole	ISO Code: UG-405
State Province: Kampala	ISO Code: UG-102
State Province: Masaka	ISO Code: UG-105
State Province: Mbarara	ISO Code: UG-410
State Province: Nakasongola	ISO Code: UG-109

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AB-Track 1/Round 2 /International Youth Foundation

Planned Funds:

Activity Narrative:

This is one of four approved proposals under the centrally-funded Track 1, Round 2 AB/Y APS.

This activity will improve HIV prevention behaviors among youth, strengthen the capacity of indigenous youth focused programs, and reduce the incidence of sexual coercion among young people. The activity will also emphasize parents' role in creating a supportive environment.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	28,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	960	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community leader
- Orphans and other vulnerable children
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion

**Coverage Area:**

State Province: Gulu  
State Province: Kampala  
State Province: Lira  
State Province: Mukono  
State Province: Rukungiri

ISO Code: UG-304  
ISO Code: UG-102  
ISO Code: UG-307  
ISO Code: UG-108  
ISO Code: UG-412

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AB Track 1/ Round 2 / Program for Appropriate Technology in Health

Planned Funds:

Activity Narrative:

This is one of four approved proposals under the centrally-funded Track 1, Round 2 AB/Y APS.

This activity will reach young people with HIV prevention messages, information, and skills and engage parents (scouts) to provide support. The capacity of indigenous organizations will also be strengthened.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	323,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	30,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

Adults

Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:



Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Track 1, Round 2 AB / Samaritan's Purse

**Planned Funds:**

**Activity Narrative:**

This is one of four proposals centrally funded under the Track 1, Round 2 AB/Y APS. This activity will strengthen A/B messages in FBO networks, resulting in increased HIV prevention behaviors, including secondary abstinence, and the avoidance of harmful behaviors such as sexual coercion and cross-generational sex, by youth.

**Activity Category**

**% of Funds**

**Targets:**

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community leader
- Faith-based organizations
- Religious/traditional leaders
- Volunteers
- Youth

**Key Legislative Issues:**

- Reducing violence and coercion

**Coverage Area:**

State Province: Kamwenge

ISO Code: UG-413

State Province: Lira

ISO Code: UG-307

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

**Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

Rakai Health Sciences Program (formerly Rakai Project ) is a 16-year collaboration between the Uganda Virus Research Institute (UVRI) of the Uganda Ministry of Health, and the researchers at Makerere University in Kampala, Columbia University and the Johns Hopkins University. As of June, 2004, the Rakai program initiated a pilot program of ARV provision through the President's emergency Program for AIDS Relief (PEPFAR), under a subgrant from CDC-Uganda to the Institute of Public Health . The Rakai Program uses a home-based strategy adapted from CDC-Tororo.

Introduction of antiretroviral drugs in communities has the potential for behavioral disinhibition, resulting in an increase in risky sexual behaviors. It is therefore critical that ART implementing programs do intensive health education for the promotion of abstinence and faithfulness.

Rakai Health Sciences Program (RHSP) has always had a community health education team dealing with various health issues in the community. During the ART pilot, the health education team designed messages and IEC materials to provide information on HIV prevention including promotion of abstinence and faithfulness for purposes of preventing behavioral disinhibition. An adolescent reproductive center at RHSP provides health education to adolescents within and out of schools. Abstinence is highly promoted under this program. Currently health education is conducted in 50 RHSP study communities. During FY05 it is expected these messages will be disseminated throughout the entire district, requiring expansion of personnel and materials.

**Activity Category**

- Human Resources
- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 45%
- 30%
- 15%
- 10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	12,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Women
- People living with HIV/AIDS
- Girls
- Boys

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: The Core Initiative (Deferred) / CARE International

Planned Funds:

Activity Narrative:

CORE's activities will complement those activities initiated in FY04 and expanded into FY05 to increase AB and A programming through faith and community based groups through a national granting mechanism governed by the National AIDS Commission and Ministry of Gender, Labor, and Social Development, and subgrants to faith and community-based organizations.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	10,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable



Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996, Uganda has adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control, and care. This approach has been characterized by openness, strong political commitment, meaningful stakeholder involvement, and decentralized implementation. Support of this approach has been strong, as evidenced by the variety of multi and bilateral donors contributing to the Program, including the World Bank, the Global Fund, WHO, UNICEF, DANIDA, DFID and the Development Cooperation of Ireland. USG support has targeted information and education and the production of materials that promote abstinence and faithfulness, increasingly a priority area for the national HIV/AIDS program, especially for young audiences. Peer education has been a particular focus within this program area, through development of policies and guidelines for peer educators, guidelines for materials development, and training of peer educators. The STD/AIDS program has also channeled USG support to increase and strengthen implementation of AB education at the district level and to sensitize public and private sector health workers on interactive approaches, such as community film shows and discussions, training of district drama groups, and the airing of mass media programming. In FY05, the USG will consolidate the strands of its support to the educational component of the STD/AIDS Control Program.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	1,000,000	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	10	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	300,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	300,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	20	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	10	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Commercial sex workers
- Community members
- Health Care Workers
- Implementing organization project staff
- Media
  - Refugees/Internally displaced persons
- People living with HIV/AIDS
  - University
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

Uganda is host to approximately 200,000 refugees; the majority of whom are Sudanese. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection. Despite this very little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population-based prevalence data available.

IRC proposes to expand its HIV/AIDS interventions in two Sudanese refugee camps – Kiryandongo in Masindi District (population approx. 14,000 with a surrounding host national population of 11,000) and Ikafe in Yumbe District (population approx. 9,000 with a surrounding host national population of 10,000). In addition, interventions related to strategic information will be conducted in two sentinel surveillance sites selected by UNHCR in Hoima and Moyo Districts.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. We have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo Refugee settlement funded by UNHCR and BPRM, and we are working towards the same in Ikafe. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages that are key to HIV/AIDS programming.

Following successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using PEPFAR funds HIV/AIDS activities can then be strengthened in other refugee settlements in Uganda through partnerships with other NGOs and UNHCR in subsequent years.

Under this activity category interventions promoting abstinence and faithfulness will strengthen the existing prevention initiatives in Kiryandongo refugee settlement and enable IRC to expand its prevention efforts in Ikafe. Therefore, it will contribute to the process of behavior change and reduce the risk of targeted communities contracting HIV and other STIs. This will contribute to the PEPFAR target of preventing 7 million new HIV infections.

In May 2004 IRC conducted a knowledge, attitudes and practices survey related to inter alia HIV/AIDS. While the vast majority of respondents had heard of HIV/AIDS (98.2%) knowledge on ways to prevent HIV/AIDS was markedly lower, particularly amongst women; use of condoms was reported by 51.8% of the sample; abstinence from sex 49.1% and faithfulness to one partner (43.6%). Although this was an improvement on a previous KAP survey the results demonstrate a need to continue to strengthen HIV/AIDS-related behavior change activities in the refugee population.



Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	36%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	21%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	13%
<input checked="" type="checkbox"/> Training	16%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	19,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	63	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community leader
- Community members
- Health Care Workers
  - Refugees/Internally displaced persons
  - Primary school
  - Secondary school
- Teachers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.3: PROGRAM PLANNING OVERVIEW**

- Result 1: Improved infrastructure including space, equipment and supplies required for safe blood transfusion services
- Result 2: 175,000 units of blood collected through improved and expanded blood donor recruitment activities resulting from improved efficiency and increased number of MOH blood collection teams
- Result 3: Providers trained in blood safety
- Result 4: Blood transfusion guidelines revised and disseminated
- Result 5: All blood donors will receive their HIV test results and those testing positive referred to care and treatment services
- Result 6: Education and prevention of conditions that necessitate blood transfusions

Total Funding for Program Area (\$):

**Current Program Context:**

Over the last 15 years, improved strategies for selection, education and counselings of blood donors have resulted in a marked decline of HIV sero-prevalence among blood donors from 15% in 1989 to 2.6% and blood collection increased from 7,000 units of blood in 1989 to 103,000 units in 2002. Current blood needs for all hospitals are estimated at 160,000 units of safe blood and with a discard rate of 10%. However, UBTS collected just over 103,000 units of blood in 2003 for the whole country for an estimated 90,000 transfusions in all hospitals that year. In FY04, USG increased its support to MOH/UBTS, building on the achievements of a 10-year program of the European Union and GOU to further strengthen and expand availability of safe blood throughout Uganda. The UBTS and the Uganda Red cross and American Red Cross had successfully worked with USG for 3 years to improve Blood donor recruitment activities. Out of Uganda's 108 hospitals and 154 Health Centre IVs, 88 currently transfuse blood and another 77 are expected to start blood transfusion in 2005. In 2005 when additional Health Centre IV start transfusing blood, another 25,000 units of blood will be required including 10% that are discarded. Blood transfusion needs will grow by 20% annually to reach 400,000 units of blood in 2009.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

**Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:** AIM is providing small grants to the Uganda Red Cross in several AIM districts to mobilize people to give blood at the local blood banks and to encourage and refer them to be tested at the local CT center. The counselors at the blood bank are also conducting risk assessments prior to blood donation. High risk candidates will be referred for CT prior to blood donation.

This activity will complement Track 1.0 activities to support Uganda Blood Transfusion Centers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	15	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Community leader
- Youth

**Key Legislative Issues:**

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Uganda Blood Transfusion Services

Planned Funds:

**Activity Narrative:**

The Uganda National Health Policy [1999] recognises blood safety as a an essential component of the Ministry of Health's Minimum Health Care package and an effective HIV preventive measure. The Uganda Blood Transfusion Service [UBTS] is the Ministry's department responsible for making available safe and adequate quantities of blood to all hospitals for treatment of patients throughout the country. UBTS works closely with the Uganda Red Cross Society to mobilise voluntary non-remunerated blood donors.

There has been increased blood collection from 7,000 units in 1989 to 103,000 units in 2003. Blood collection from voluntary non-remunerated blood donors increased from >10% in 1989 to 95% in 2003. Through careful donor selection, the HIV rate in voluntary non-remunerated blood donors reduced from 14.4% in 1989 to 2.1% in 2003.

This increase in blood collection is still insufficient to address overall needs. UBTS makes significant contribution in the clinical management, in particular, of children and pregnant women who form more than 75% of blood transfusion recipients owing to their susceptibility to severe forms of malaria and complications of child birth, leading to anemia.

In FY05, UBTS with PEPFAR funding aims at having 175,000 units of safe blood available for transfusion nationwide.

**Activity Category**

- Community Mobilization/Participation
- Human Resources
- Information, Education and Communication
- Infrastructure
- Logistics
- Quality Assurance and Supportive Supervision
- Training

**% of Funds**

11%  
19%  
2%  
11%  
45%  
2%  
10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	250	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	12	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Men
- Community members
- Health Care Workers
- Health Care Workers
- Infants

- 
- Ministry of Health staff
  - Ministry of Health staff
  - Policy makers
  - Pregnant women
  - Pregnant women
  - Students
  - Secondary school
  - University

- 
- Teachers
  - Volunteers
  - Women of reproductive age
  - Youth
  - Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.4: PROGRAM PLANNING OVERVIEW**

Result 1: Improved policy support and demand for safe injection practices and health waste management

Result 2: Universal safety precautions implemented and safe medical injections ensured

Result 3: Injection-related HIV transmission reduced

Result 4: Full supply of related medical equipment and supply achieved

Total Funding for Program Area (\$):

**Current Program Context:**

The USG has been the key supporter of injection safety practices in Uganda, particularly through Track 1.0 funding of \$900,000 for the design and piloting of a multidisciplinary three-element approach that includes: a) behavior change, b) targeting patients and healthcare workers to reduce injection overuse and avoid risky behaviors and develop healthy habits; c) provision of sufficient quantities of appropriate injection equipment, infection control supplies, and sharps waste management program. Available first year funding concentrated on the situation analysis, finalizing the Injection Safety and Medical waste management policy and plan, and procurement of a nine-months supply of Auto-disabled needles and syringes mainly for the curative services in the four pilot districts of Mpigi, Pallisa, Mbarara, and Nebbi. At the request of the Ministry of Health, Track 1.0 second year funding will be used to expand the services to cover preventive services, such as immunization and family planning, in addition to the curative services. The second year funding will be used to reduce HIV infections in the workplace and protect the public from unnecessary injections that expose them to HIV infection. The geographical coverage of the project will increase from four pilot districts to fourteen. The activities will include: strengthening national leadership such as the National Infection Control Committee (NICC) and the Uganda National Injection Safety Task Force (UNISTAF); operationalisation of the injection safety and medical waste management policy and guidelines; developing a plan for medical waste management; constructing ten incinerators in ten districts in partnership with the World Health Organization; developing a system for logistics management at the national, district, and health sub-district level; procuring an adequate supply of bundled Auto-Disabled syringes and needles (ADS), and other related medical supplies; developing a system for monitoring stock out of ADS; and developing the capacities of service providers in self-protection against sharps and the proper disposal of clinical waste. Additional activities might include developing a quality assurance system for the program; implementing a community mobilization strategy for safe injection practices; developing a monitoring and evaluation system and program monitoring plan, and supporting the national and district level to conduct support supervision.



Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

**Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

AIM supports the implementation of universal safety precautions to ensure safe medical injections, and the reduction of injection-related HIV transmission.

Technical sessions on universal precautions and injection safety are integrated into all clinical trainings supported by AIM. Understanding of post exposure prophylaxis and referral to treatment is highlighted as well.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	10%

**Targets:**

Number of individuals trained in injection safety

400

Not Applicable

Not Applicable

**Target Populations:**

Health Care Workers

**Key Legislative Issues:**

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

**Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Track 1 / John Snow Inc

Planned Funds:

**Activity Narrative:**

JSI is assisting the MOH to design and implement a multidisciplinary three-element approach that includes: behavior change, targeting patients and healthcare workers to reduce injection overuse and avoid risky behaviors and develop healthy habits; provision of sufficient quantities of appropriate injection equipment and infection control supplies; and an appropriate sharps waste management program.

JSI is building on earlier USG investments through the BASICS II project area that carried out a situation analysis of the injection safety practices in all the areas of curative, immunization and family planning, and the draft injection safety and medical waste management policy.

JSI work is directly linked to other preventive services in medical transmission of HIV/AIDS like blood safety, the procurement system for the bundled auto-disabled syringes and needles for family planning, and the Deliver logistics system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	4,200	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Adults            | <input checked="" type="checkbox"/> Health Care Workers      | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community leader  | <input checked="" type="checkbox"/> Media                    | <input checked="" type="checkbox"/> Youth    |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Ministry of Health staff |  |

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

**Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. USG support in FY05 will facilitate the implementation of the scale-up program for HIV/AIDS care, prevention and treatment activities.

Support and training for infection control activities in health care settings is a key prevention activity that will be addressed. Policy and guidelines will be developed and disseminated. Quality assurance and support supervision is a major activity that will be undertaken.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	30%

**Targets:**

Number of individuals trained in injection safety

380

Not Applicable

Not Applicable

**Target Populations:**

- Health Care Workers
- Policy makers
- Program managers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

**Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:** Unsafe injection practices continue to contribute to HIV transmission, particularly in sub-Saharan Africa, where basic supplies needed for safe injections may be lacking in health centres and unlicensed private providers are commonly accessed.

Activities in this category will target health providers accessed by refugees, including private providers, to reduce the number of injections, ensure injections and medical procedures are given with sterile equipment and supplies, and ensure safe disposal of bio-hazardous waste. All of these activities will contribute to the PEPFAR target of preventing 7 million new infections.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	53%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Policy and Guidelines	4%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	22%

**Targets:**

Not Applicable

Number of individuals trained in injection safety

50

Not Applicable

**Target Populations:**

Health Care Workers

**Key Legislative Issues:**

**Coverage Area:**

State Province: Masindi

ISO Code: UG-409

State Province: Yumbe

ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.5: PROGRAM PLANNING OVERVIEW**

- Result 1: Increased access to HIV/AIDS prevention services, products, and messages for high risk populations
- Result 2: Increased awareness and knowledge about HIV/AIDS preventive practices and HIV discordance
- Result 3: Full supply of related drugs, condoms, medical equipment and supplies achieved
- Result 4: Increased provision of prevention with positives messages and services for HIV-positive persons and their families, including VCT for partners
- Result 5: Decreased high infection risk in vulnerable populations and discordant couples

Percent of Total Funding Planned for Condom Procurements

3%

Total Funding for Program Area (\$):

**Current Program Context:**

Uganda is experiencing a mature epidemic in which an estimated 40% of new infections take place within established discordant couples. HIV-negative partners in these couples are at very high risk of being infected (over 10% per year). USG will support development and dissemination of IEC messages and interventions targeting couples to increase testing together, encouraging mutual disclosure and increasing awareness of discordance. A focus on prevention with HIV positives (PWP) is a hallmark of USG programming in Uganda. Prevention with HIV positives known as positive prevention among PLHAs in Uganda-PWP includes partner testing, STI diagnosis, treatment and prevention, family planning and PMTCT, are being piloted in Uganda and will be expanded through national care and treatment partner organizations as well as with PLWHA associations in the next year. These will be critical for reducing new infection rates in Uganda.

Although Uganda is experiencing a generalized epidemic, high risk groups, particularly commercial sex workers, members of the uniformed services, and IDPs are still thought to be high transmitters within this generalized epidemic. The USG-supported programs are among the few focusing on the needs of the high risk populations, and targeting high risk sex as a source of new infections. Commercial outlets existing within a specified radius of lodges, nightclubs and bars, are considered to be high risk outlets and have been targeted for condom distribution and with messages to raise awareness of risk and decrease risky behaviors. As part of the strategy to reach high risk groups, USG funded a literature review and a series of first ever Knowledge, Attitudes, and Practices (KAP) surveys among three of the key groups considered at high risk: uniformed services (among whom prevalence is estimated to be 24%), IDPs, and commercial sex workers. The data from these first ever surveys will provide an evidence base for FY05 programming to reach high risk groups, and to measure effectiveness of the approaches designed to reduce the incidence of new infections among them.

3% of FY05 Other Prevention resources will go to procure and deliver 5 million condoms. 12% of deferred and FY05 costs is required to procure and deliver 20 million condoms.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Commodity Security Logistics (Deferred) / Commodity Security Logistics

Planned Funds:

Activity Narrative:

USAID procures condoms directly from Commodity Security Logistics for distribution through social marketing. Indicators are reflected in social marketing activities. It is expected that, based on couple years of protection, 125,000 people will be reached. USAID will add  deferred funds into this activity. These resources will complement the  of FY05 funding for condom procurement (for a combined total of 166,667 people reached).

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- Refugees/Internally displaced persons
- Truckers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:



Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Commodity Security Logistics

Planned Funds:

**Activity Narrative:** USAID procures condoms directly from Commodity Security Logistics for distribution through social marketing. Indicators are reflected in social marketing activities. It is expected that, based on couple years of protection, 41,667 people will be reached. These resources will complement the  of FY04 deferred funding for condom procurement (for a combined total of 166,667 people reached).

**Activity Category**  
 Commodity Procurement % of Funds  
100%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Commercial sex industry
  - Clients of sex workers
  - Commercial sex workers
- High-risk population
- Military
- Mobile populations
  - Refugees/internally displaced persons
  - Truckers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

There are three areas of focus for AIM's support to other prevention activities in the 16 AIM districts.

1. AIM will work to strengthen referral systems between VCT and STI services. In particular, clients who test HIV+ will receive treatment of STIs, as noted in palliative care, and individuals who come to STI clinics will be actively referred for VCT.

2. AIM will support the distribution of condoms through health facilities and commercial outlets to high risk populations including out of school older youth, discordant couples, commercial sex workers, and fishing communities. Condoms will be provided free through the World Bank MAP program.

3. AIM will promote couples testing and counseling through post-test club activities in order to facilitate disclosure and referral and linkages to other necessary services. Through peer-education and interactive theatre such as music, dance and drama, post test clubs will also serve as channels to: promote prevention among positives activities including condom use among discordant couples, access to basic care options including long lasting insecticide treated nets, cotrimoxazole and safe water to delay progression of illness to HIV/AIDS; encourage faithfulness among couples; address issues of stigma through expanded testimonial programs; and, to provide ongoing care and support services including psychosocial support. Referral to palliative care services and ART will be a priority within this activity. Monthly radio spots in each district will also address issues related to discordant couples, to encourage testing and disclosure.

With a significant portion of AIM districts in conflict-affected districts, many activities will be implemented within IDP camps as appropriate.

**Activity Category**

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	45%

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<input checked="" type="checkbox"/> Infrastructure	2%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	2%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	160	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,176,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,800	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	19	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Clients of sex workers
- Commercial sex workers
- Discordant couples
- Military
- Refugees/internally displaced persons
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

**Activity Narrative:**

The UPDF is Uganda's national army. As a mobile population of primarily young men, they are considered a high-risk population. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen were HIV+. As commander-in-chief of the armed forces, the president mandated the UPDF to oversee and manage prevention, care and treatment programs throughout the forces.

The cornerstone for prevention strategies in the military has been through Post Test Clubs, three of which currently exist. Formed mainly from persons who have tested positive, the clubs are open to all military personnel, their families and people from the surrounding community who have been tested for HIV. The clubs are also seen as an important link to care and treatment services through referral, follow-up and psychosocial support. The objective for FY05 is to establish nine additional post-test clubs. PTC activities will include peer counseling and psychosupport groups, music, dance, and drama for behavior change communication. Post-test clubs will also be strengthened to promote promoting positive prevention interventions.

As a high-risk and mobile population, the UPDF will procure and distribute condoms to all servicemen.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

3

Not Applicable

Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

50,000

Not Applicable

Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

30

Not Applicable

Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful

0

Not Applicable

**Target Populations:**

- Adults
- Community members
- Health Care Workers
- Discordant couples
- Military
- People living with HIV/AIDS
- Pregnant women

**Key Legislative Issues:**

Coverage Area: National

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

Activity Narrative:

TASO and CDC have just completed a large formative evaluation with over 1000 HIV positive TASO clients, on Prevention with Positives (PWP) interventions. Key findings showed that over half of those who are sexually active practice risky sex, the majority of TASO clients do not know their partner's HIV status, and that use of family planning remains low. In light of these findings, TASO is working to improve the prevention components of their counseling interventions, increase partner testing, and ensure their clients have access to condoms and family planning services. Results from the PWP survey on STD diagnosis and treatment are still being analyzed, and will be used to ensure improved STD management for TASO clients. All 10 centers, 2 mini-TASOs and TASO-supported CBOs provide counseling for behavior change to all their active clients and train and utilize drama groups to deliver prevention messages. Drama groups will community outreach HIV/AIDS prevention programs, reaching a targeted 100,000 people. The focus in FY2005 will be to strengthen counselor training in order to increase the quantity and improve the quality of counselors. TASO will also intensify counseling for behavior change, especially safe sex practices among clients on ART. TASO provides counselor training to its staff as well as to others, including the staff of hospitals where some of the TASO centers are located. This training helps TASO clients to receive harmonized counseling from all service delivery points they may access. USAID and CDC funded programs shall complement each other.

Activity Category

- Information, Education and Communication
- Infrastructure
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

36%  
37%  
3%  
24%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	13	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	480	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	13	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community members
- Community-based organizations
- Faith-based organizations

---

- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- People living with HIV/AIDS
- Sex partners

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113



Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO USAID / The AIDS Support Organization

Planned Funds:

**Activity Narrative:**

The AIDS Support Organization is the largest indigenous organization providing palliative care in Uganda. TASO activities blend both prevention and care. The prevention aspect is pursued through counseling to support PLHA to practice positive living, which among others encourages them to practice safe sex and avoid transmitting HIV to their partners. In addition, TASO provides interpersonal HIV/AIDS education to communities through organized outreach seminars as well as other gatherings such as markets, clubs and sports events. TASO has strong associations of PLHA who complement information provided to communities by counselors and medical staff through music, dance, drama and personal testimonies about individual experiences in living with HIV/AIDS. TASO drama groups and their activities have become very popular and constitute one of the most effective approaches to community mobilization and behavior change. In addition to community seminars and PLHA drama activities, TASO also runs radio programs through which topical HIV/AIDS issues are communicated and discussed through local FM radios, and in local languages.

Through this activity, TASO seeks to strengthen its HIV/AIDS prevention activities by:

- Establishing and supporting PLHA drama groups at all its 10 branches.
- Training the drama groups in new emerging trends in HIV/AIDS care and treatment such as ARVs and PMTCT.
- Expanding coverage of radio programs to reach all districts where TASO has branches.
- Supporting and expanding the prevention outreach activities to cover more communities.

Besides delivering HIV/AIDS prevention and behavior change messages, TASO also plans to use these approaches to support and operationalise the network model for care and treatment, including enhancing treatment literacy and adherence. Drama groups will be used as a tool for mobilizing people in communities to seek VCT and those already HIV+ to seek care and treatment. USAID and CDC programs shall compliment each other.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	32%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	13	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	480	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Refugees/internally displaced persons
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

Activity Narrative:

In FY04, UPHOLD's other prevention activities focused on condom promotion and distribution and peer group activities among discordant couples and other high risk groups. Condom distribution activities have been targeted largely at displaced populations and combatants in conflict areas.

In FY05, UPHOLD plans to intensify its prevention activities in 12 districts. A grant will be provided to a national Music, Drama, and Dance (MDD) troupe to build technical and implementation capacity of local drama troupes related to prevention, with a focus on promoting mutual partner disclosure and mitigating negative results, including stigma and gender based violence, which is often a consequence of disclosure by women. A package of resource / advocacy materials will be developed for local council and religious leaders with messages targeted at addressing sexual violence, including partner disclosure of HIV status. UPHOLD will also work with other local and international organizations to increase positive prevention interventions among commercial sex workers.

UPHOLD will also scale up involvement of PLHA in prevention activities through PLHA associations and Post-Test Clubs.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,650,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Commercial sex workers
- Community members
- Faith-based organizations
- Discordant couples
- Partners of sex workers

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- Refugees/internally displaced persons
- People living with HIV/AIDS
- Religious/traditional leaders
- Women of reproductive age
- Youth

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripiri	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIC USAID / AIDS Information Center

Planned Funds:

Activity Narrative:

AIC uses music, dance and drama to motivate its clients, as well as prospective clients to come for testing and to join a Post Test Club after they have received test results. Encouraging couples to test together has been an important thrust of AIC's campaign last year, which it implemented with support from AIDSMark.

In FY 05, AIC will build on the resources it has harnessed and its existing activities to sharpen its focus on discordant couples.

Building on its strong community networks and relationships with clients, promote positive prevention with men, couples and through post test club (PTC) activities including counseling, support groups and other psychosocial interpersonal communication, as well as through radio and print.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	21%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	90	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults*
- Community leader*
- Community members*
- Family planning clients*
- Health Care Workers*
- Discordant couples*

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- HIV/AIDS-affected families*
  - Military*
  - Mobile populations*
  - People living with HIV/AIDS*
  - Religious/traditional leaders*
  - Students*
  - Women of reproductive age*
  - Youth*

**Key Legislative Issues:**

- Addressing male norms and behaviors*
- Reducing violence and coercion*
- Increasing women's access to income and productive resources*
- Increasing women's legal protection*

**Coverage Area:**

State Province: Adjumani	ISO Code: UG-301
State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kaberamaido	ISO Code: UG-213
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kapchorwa	ISO Code: UG-206
State Province: Kasese	ISO Code: UG-406
State Province: Katakwi	ISO Code: UG-207
State Province: Kayunga	ISO Code: UG-112
State Province: Kisoro	ISO Code: UG-408
State Province: Kitgum	ISO Code: UG-305
State Province: Kotido	ISO Code: UG-306
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Moyo	ISO Code: UG-309
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Nakasongola	ISO Code: UG-109
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313



Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

Activity Narrative:

Based on CRD baseline data, knowledge, accessibility, and utilization of condoms remain low in CRD districts. In order to improve this, CRD will increase condom distribution outlets and awareness campaigns, especially in Karamoja, where cultural beliefs and practices as well as conflict, increase difficulties and challenges in reaching high risk populations.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Students
- Teachers
- Trainers
- Volunteers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

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**Coverage Area:**

State Province: Kotido

ISO Code: UG-306

State Province: Moroto

ISO Code: UG-308

State Province: Nakapiripirit

ISO Code: UG-311

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Social Marketing / To Be Determined

Planned Funds:

**Activity Narrative:**

Social marketing is an approach that complements the public health and the commercial sectors by making quality services and products affordable to a large segment of the population, usually in urban settings, through a national distribution system. Uganda has a history of successful social marketing programs that have extended the availability of condoms, family planning, and malaria products and services into cities, towns, and conflict areas. In FY05, the approach will be adapted to the needs of high risk groups such as discordant couples, mobile populations, commercial sex workers and their clients. These high risk groups will be motivated to test and know their status, and they will be offered condoms and STI treatment. An emphasis will be placed on targeting known high risk locations, including lodges, bars, and truck stops. Mass media materials will be designed, produced and distributed through organizations working to reach various high risk groups. Condoms and STI kits will be distributed for sale at high risk outlets and drugstores, and counseling and testing will be provided through outreach services.

The program will also utilize and build local capacity of marketing agencies, peer educators, commercial distributors and selected NGOs to reach high risk groups with appropriate information and services to reduce or eliminate the risk of acquiring and/or spreading HIV.

The implementing partner for this will be selected based upon a competitive process.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	320,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	700	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Clients of sex workers
- Commercial sex workers
- Discordant couples
- Partners of sex workers
- Military
- Refugees/internally displaced persons
- Truckers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:**

A large part of this program supports teacher training in HIV/AIDS topics, including personal health, science of HIV/AIDS, and incorporation of HIV topics in a variety of curriculum mandated subject areas. Teachers are prepared to serve as community resources in the fight against HIV/AIDS, and to behave responsibly themselves. Teacher training also supports the preparation of teachers and Ugandan teacher trainers to implement PIASCY, a primary school-based communications program of the Ministry of Education focusing on age-appropriate information and activities for young people – beginning in the early years with life skills and self esteem, and moving to more specific HIV/AIDS messages and youth empowerment. Up to 30 Peace Corps Volunteers and their Ugandan teacher trainer counterparts assist in rolling out teacher training for PIASCY implementation to rural schools in their catchment areas through primary teacher college- coordinating center- and outreach school-based training, clubs, materials development, and linking with other organizations providing HIV/AIDS services. They assist teachers in implementing PIASCY activities, and prepare teachers to become community resources in HIV/AIDS information.

In the other major portion of this activity, up to 15 additional Volunteers and counterparts assist in capacity building among organizations – faith based and other community based organizations – which provide appropriate prevention communication and education and related activities to vulnerable and at-risk groups.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 0  Not Applicable

Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 12  Not Applicable

Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 6,000  Not Applicable

Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 60  Not Applicable

Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful 0  Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Discordant couples
- Orphans and other vulnerable children
- Secondary school
- Teachers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Volunteers

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Kabarole	ISO Code: UG-405
State Province: Kamuli	ISO Code: UG-205
State Province: Kamwenge	ISO Code: UG-413
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Northern Corridor Program/Uganda Section / Family Health International

Planned Funds:

**Activity Narrative:**

The six transit sites on the Ugandan side of the border with Kenya (Busia, Malaba, Mbarara, Kagitumba, Katuna) are fluid and transient and contribute to higher risk behaviour for HIV/AIDS. For example, farmers are in and out delivering their goods, there are disproportionately larger numbers of young women (not only sex workers, but also traders, lodge workers), there may be refugees, petty traders, OVC, etc. Data in 1997 from Uganda by Pickering and Nunn reported that only 53 percent of residents were still present after 3 years, thus people who lived in a high transmission area may have moved to a lower prevalence area. A reduction in transmission in these environments will likely have a real spill-over contribution beyond the corridor sites. These populations and sites are underserved by on-going, discrete projects. With higher risk behavior and alternate wives/girlfriends and sex workers along well traveled routes, there is a great need to ensure counseling and testing linked to care for these groups, as well as prevention for HIV positive individuals and high risk.

This program will be jointly funded by Kenya (confirmed) and Sudan (TBD). The program will deliver prevention, counseling and testing and care in Busia, Malaba, Mbarara, Kagitumba, Katuna. Specific interventions will build on activities that are currently fragmented and will target high-risk mobile population (truck drivers/assistants and sex workers) with counseling, testing and prevention activities and services while identifying PLWHA for care and treatment services. The program will mobilize and link the target groups and resident population to sources of prevention messages, VCT, care and treatment.

The proposed program is a multisectoral intervention along transport corridors; not a truck drivers intervention. This is an important distinction focusing on the site and as many contributing factors as possible because these geographic areas with their truck stopovers, trading centers, border crossings tend to be historically sites of higher prevalence than the rural areas off the corridors, and higher than the national/provincial averages.

The program will actively link the transport community into existing VCT, counseling, care and support - including client counseling and support for people on OI/ART treatment. Those who are HIV+ will receive care, support and/or treatment. For truck drivers, they will be linked in through their companies and home sites. As ART becomes more widely available, building in an "international treatment passport" concept that would provide a safety net for drivers who ran out of drugs along the route is a possibility.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	35%
<input checked="" type="checkbox"/> Information, Education and Communication	25%

- Linkages with Other Sectors and Initiatives 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Workplace Programs 10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	165,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
- Commercial sex industry
  - Clients of sex workers
  - Commercial sex workers
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
- Mobile populations
  - Truckers
- Nongovernmental organizations/private voluntary organizations

**Key Legislative Issues:**

**Coverage Area:**

State Province: Busia	ISO Code: UG-202
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Mbarara	ISO Code: UG-410
State Province: Ntungaro	ISO Code: UG-411
State Province: Tororo	ISO Code: UG-212



Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

**Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

Recognizing the particular vulnerability of youth activities in this category aim to target this group.

Data on HIV/AIDS-related knowledge, attitudes and practices (KAP) of youth in and out of school will be compiled. Qualitative data will also be sought from parents of youth through focus group discussions. This information will be used to develop a communication strategy to target knowledge gaps and risky behaviors and to address social, cultural and gender-related barriers to behavior change.

Through community participation IRC will identify groups and areas of high transmission within the refugee community e.g. areas of commercial sex and high alcohol consumption to effectively focus specific HIV/AIDS activities.

Early diagnosis, proper management and prevention of STIs will also be strengthened as the presence of an STI promotes the transmission of HIV.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	8%
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	32%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	16%

**Targets:**

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	9,500	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	9,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	63	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community leader
- Community members
- Health Care Workers
- Refugees/internally displaced persons
- Primary school
- Secondary school
- Teachers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.9: PROGRAM PLANNING OVERVIEW**

**Result 1:** Improved availability of and access to VCT services, particularly in underserved areas

**Result 2:** Operational models for routine CT in large teaching as well as district hospitals will be developed, implemented and evaluated

**Result 3:** Pilot program experience from implementing 100% CT access using door-to-door approaches in 2 districts

**Result 4:** National procurement and delivery system for tests kits will be in place

**Result 5:** Multiple care and treatment programs will have strengthened capacity to offer VCT to family members of persons living with HIV

**Result 6:** New technologies, including finger stick testing, will be operationalized

Total Funding for Program Area (\$):

**Current Program Context:**

Counseling and testing is rapidly expanding in Uganda. Uptake in traditional stand-alone VCT sites has increased. Uganda's largest VCT provider, the AIDS Information Centre (AIC) provided over 138,000 VCT sessions in 9 main branches and 140 indirect sites in 2004 primarily with USG support. The AIDS Integrated Model District Program (AIM) provided VCT to over 96,000 people through 54 public and private VCT sites in 16 districts. Services were also delivered through a consortium of partners working in 8 sites in 5 conflict-affected districts to reach 7,000 individuals with VCT services. In addition, Uganda Red Cross provided VCT for 100,000 blood donors with HIV test results with USG support. USG with the Uganda People's Defense Force has established 12 VCT centers in army division headquarters and several main barracks; 6000 persons have benefited from VCT in these sites. In 2005, USG will implement a program to build capacity in all Health Centre IVs laboratories so HIV testing can occur. Emergency Plan funding in 2004 helped to pilot several innovative approaches to CT. Mulago Hospital piloted routine counseling and testing and had 95% uptake and prevalence of 56% in medical wards and 50% among spouses of patients. This program will be expanded in 2005 in Mulago and Mbarara Teaching Hospitals as well as 2 upcountry hospitals and 30 other district sites. USG also supported pilots for home-based VCT, both for the general population and for family members of persons living with HIV. Both programs had uptake rates above 90%. These will be expanded in 2005 with care and treatment partners as well as in 2 districts that will pilot a 100% access approach. With USG and UNICEF support, the MOH is in the process of revising CT policies for the country. New approaches for routine and home-based CT using finger stick technologies will be incorporated in the revised policy. In addition, expanded provisions for pediatric testing will be included in the policy and training will be provided to ensure quality and protection of children's rights in the provision of CT for children. Global Fund and World Bank are providing the bulk of the funding for purchasing HIV test kits. USG is supplementing this support with additional procurements and support through the DELIVER Project and NMS, which is setting up national procurement and delivery systems for tests kits. Given the rapid increases in CT programs and uptake and the current projection of a test kit stock-out in Uganda, close coordination and careful forecasting of test kit commodities will be essential.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Integrated Community Based Initiatives (ICOBI)

Planned Funds:

**Activity Narrative:**

ICOBI is a new implementing partner that will implement a 100% VCT program for Bushenyi District. The purpose of this program is to provide HIV counseling and testing services to all adults and potentially all children under five years of age in the district. The VCT service also includes referral of those testing positive to sources of basic preventative care and palliative care within the district and communities. In piloting this program, ICOBI is responding to the high unmet need and demand for VCT services in Uganda by increasing access to VCT services for the entire population of the district within their community of residence. This program also responds to the new opportunities of increased HIV/AIDS care and treatment services that have become more available and support the family based approach targeting families and couples in HIV prevention. Finally, the ICOBI experience will provide guidelines and information on the cost effectiveness of implementing such a VCT strategy to stakeholders, particularly MOH.

It is expected that this program will collaborate with the existing community and facility based HIV/AIDS programs including PMTCT, Community Education, VCT, Home-based care and BCC programs in the district.

Piloting delivery of CT in homes to reach all eligible family members. Expected to reach 2,034 villages for a total of 141,000 homes. A referral network will be linked to the existing 15 health centre IV in the district for the HIV positive clients.

Similar activity will be undertaken in Adjumani District.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	2%
<input checked="" type="checkbox"/> Community Mobilization/Participation	14%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	33%
<input checked="" type="checkbox"/> Infrastructure	31%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	8%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	205	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	90,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2,034	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Community health workers
  - Discordant couples
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Women of reproductive age
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Bushenyi

ISO Code: UG-402

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

AIM's efforts ensure that more men, women and children in selected districts in Uganda access and utilize appropriate, affordable and quality HIV/AIDS/TB prevention, care and support services. By establishing effective and replicable models in 16 districts in partnership with Government of Uganda (GOU), non-governmental organizations (NGOs), community based organizations (CBOs), faith-based organizations (FBOs) and the private sector, AIM supports and strengthens district level service implementation through technical assistance and financial support.

At the end of FY04, AIM supported 83 sites providing counseling and testing services, which reached 96,088 men and women.

During FY05, AIM will add 7 new sites for a total of 90 sites supported in the 16 AIM districts. Additional efforts will be made to provide financial and technical assistance to local organizations providing IEC/BCC in the facility catchment areas. Emphasis will be placed on promoting counseling and testing services among couples, fishing communities and sexually active youth. This activity will link with AIM's other prevention activities, which describes AIM's strong focus on testing and supporting discordant couples.

AIM will also support 30 facilities, already supported by AIM, to initiate and implement routine counseling and testing. AIM has already supported strong network models, at the health subdistrict level, in six AIM districts, and will be expanding to a total of twelve districts in FY05. Individuals who receive CT at all AIM sites will be referred for appropriate care and follow-up; however, intensive focus will be placed on strengthening the "network model" in the six new districts. This includes developing and strengthening referrals within (CT, PMTCT, STI, TB) and across agencies, linking facility with community and home based services, as well as strengthening the role of families and communities to identify individuals for testing as well as to provide support for care and adherence to treatment.

Please see palliative care for further discussion on the network model.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	12%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	14%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	244,080	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	450	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community members
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- Refugees/Internally displaced persons
- Policy makers
- Pregnant women
- Women of reproductive age
- Youth

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination



**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

**Activity Narrative:**

The UPDF is Uganda's national army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework.

Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen lacked a prevention strategy. As commander-in-chief of the armed forces, the president mandated the program to oversee and manage prevention, care and treatment programs throughout the forces.

The USG is the primary supporter of VCT services within the armed forces. With support that began in 2003, the number of VCT service centers has grown from none to 12, based in the major military bases and spread out throughout the country. To date over 6000 persons have been reached through these centers.

The program includes support for the 12 existing centers, including commodities, staff training and skill building for quality assurance and support supervision, community, supporting supervision and expanding services through out-reach to brigade and battalion level.

**Activity Category**

**% of Funds**

<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Health Care Workers
- Medical/health service providers
- Military

**Key Legislative Issues:**

**Coverage Area:** National

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

Activity Narrative:

TASO's focus for 2005 is to roll out counseling and testing the household members of clients on ART so that any ART eligible household members can be identified and put on ART to avoid drug sharing. Testing of household members, particularly spouses of TASO clients will also identify discordant couples at high risk of HIV transmission. This will also support disclosure and prevention with positives interventions.

TASO is using a family-based approach to test all consenting household members in homes or at the facility. Clients and household members will also have the option to receive VCT at AIC.

All those household members that will turn out positive will be referred to TASO centers. TASO will provide on-going counselling, basic care and CD4 count screening for ART eligibility. Any household member who is clinically eligible will be given priority to enroll in the ART program.

Number of service outlets (23) includes established outreach services under the 10 branches.

Activity Category

- Commodity Procurement
- Infrastructure
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

28%  
63%  
4%  
5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	23	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Community health workers
- High-risk population
- Discordant couples
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

**Activity Narrative:**

In FY04, UPHOLD supported expansion of VCT services in 12 districts with a focus of training health workers as well as undertaking a needs assessment for upgrading of 30 centers in the districts to provide VCT services integrated with PMTCT and palliative care (including TB and malaria). Through these activities, over 3,000 people received VCT, and more importantly ground was laid for rapid expansion of services.

In FY05, UPHOLD will scale up VCT services through working with public and private sector health services by training their health workers in quality counseling, HIV testing, and quality control procedures especially within laboratories.

In each district there will be at least two static centers each operating at least three outreaches that will enhance easy accessibility of services to rural communities. Outreach sites will target places such as fishing communities, youth centers, and communal markets where appropriate populations are easily reached. A variety of approaches including social marketing, appropriate electronic and print media materials and messages, post test clubs and community based networks of PLHA will be used to raise people's understanding of VCT and stimulate demand. Couple VCT will be emphasized, given the high level of HIV sero discordance in Uganda.

At health facility level, CT will be integrated with other existing services such as TB, antenatal services and general medical care. People who test HIV+ will be linked to PMTCT (as appropriate), palliative care and ART services provided by other programs. UPHOLD will also support health units in 12 districts to initiate routine counseling and testing as an integral component of health care. There will be close coordination with DELIVER and the MOH to improve the availability of HIV test kits in UPHOLD supported sites. Given the erratic supply of kits in the country, UPHOLD will earmark modest resources for procurement of kits in periods of stock out to ensure reliable and consistent services.

**Activity Category**

- Commodity Procurement
- Community Mobilization/Participation

**% of Funds**

- 5%
- 10%

<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	12%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	29%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	180	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	21,600	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	36	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Refugees/Internally displaced persons
- Truckers
- Orphans and other vulnerable children
- Students
- Secondary school
- University
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripit	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIC USAID / AIDS Information Center

Planned Funds:

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Activity Narrative:

Will build on existing FY 04 activities to expand the support of delivery of HIV/AIDS voluntary counseling and testing services in 8 existing branches across the country. With Emergency Plan (EP) support, AIC has expanded its services by opening 2 branches in Soroti and Kabale. The track 1.5 funding was provided to support start up costs including renovation of premises and hiring staff. Track 2.0 supported ongoing activities. FY 05 funding is requested to sustain the full running costs at the 2 branches in addition to ongoing FY04 activities. A new branch is also planned for Fort Portal.

FY05 will include 3 focus areas:

1. expanding the capacity of the training unit to meet the growing needs in the CT. AIC is currently the largest provider for VCT training in Uganda; however, current capacity will not meet rapid expansion needs.
2. expanding linkages to care and treatment services from stand alone sites as well as within AIC supported MOH sites – see other prevention.
3. Increasing the number of couples who receive counseling and testing together and subsequent care and support as needed through AIC or other care sites as described in other prevention activities.
4. Expanding the community owned pilot VCT initiative being undertaken in Kayunga District, which is a community led initiative to provide VCT outside the health facility. VCT is provided by both private/public health care providers and community workers on voluntary basis.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	282	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	150,400	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	141	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Commercial sex workers
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- Refugees/internally displaced persons
- Pregnant women
- Sex partners
- Volunteers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Adjumani	ISO Code: UG-301
State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
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State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kaberamaido	ISO Code: UG-213
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kapchorwa	ISO Code: UG-206
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State Province: Kasese	ISO Code: UG-406
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State Province: Katakwi	ISO Code: UG-207
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State Province: Kayunga	ISO Code: UG-112
State Province: Kisoro	ISO Code: UG-408
State Province: Kitgum	ISO Code: UG-305
State Province: Kotido	ISO Code: UG-306
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Moyo	ISO Code: UG-309
State Province: Nakasongola	ISO Code: UG-109
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State Province: Nebbi	ISO Code: UG-310
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State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIC CDC / AIDS Information Center

Planned Funds:

Activity Narrative:

The AIDS Information Center (AIC) is a non-governmental organization involved in delivery of Voluntary Counseling and Testing since 1990. During FY04 activities included: providing mobile home to home counseling and testing in Tororo and Busia districts to reach 5200 people; strengthening couple counseling; training of 60 counselors in couple counseling through development of couple counseling protocols including discordant couples and updating document and producing counseling and testing protocols including finger stick blood testing. The AIC lab capacity to support CT delivery will be strengthened.

Key focus for FY05:

Expansion of Community based VCT within the 2 districts of Busia (2 sub-counties) and Tororo (3 sub-counties).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	28%
<input checked="" type="checkbox"/> Infrastructure	28%
<input checked="" type="checkbox"/> Logistics	29%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	12,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
  - Commercial sex workers
- Family planning clients
- Health Care Workers
- Pregnant women
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Adjumani	ISO Code: UG-301
State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kaberamaido	ISO Code: UG-213
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kapchorwa	ISO Code: UG-206
State Province: Kasese	ISO Code: UG-406
State Province: Katakwi	ISO Code: UG-207
State Province: Kayunga	ISO Code: UG-112
State Province: Kisoro	ISO Code: UG-408
State Province: Kitgum	ISO Code: UG-305
State Province: Kotido	ISO Code: UG-306
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Moyo	ISO Code: UG-309
State Province: Nakasongola	ISO Code: UG-109
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

Activity Narrative:

The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs.

In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of counseling and testing national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs. DELIVER will support development and improvement of all USG implementing partner logistics system, to ensure a coordinated and streamlined approach to tracking. HIV testing is expected to double again.

Activity Category

- Local Organization Capacity Development
- Logistics
- Training

% of Funds

20%

70%

10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

**Activity Narrative:**

CRD interventions aim to expand VCT services in target districts, with particular emphasis on Karamoja and, there and elsewhere, on service provision outside of the district hospitals and within rural health centers. As with PMTCT, inclusion of the CRD VCT program within district HIV/AIDS plans ensures no overlap or duplication of activities already undertaken by other USAID partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	23%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	17%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	72	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	17,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	19	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community members
- Community health workers
- Discordant couples
- Military

- 
- Police
  - Refugees/Internally displaced persons
  - Students
  - Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kasese	ISO Code: UG-406
State Province: Kotido	ISO Code: UG-306
State Province: Moroto	ISO Code: UG-308
State Province: Nakapiripit	ISO Code: UG-311

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

Activity Narrative:

Rakai Health sciences program (formerly Rakai Project ) is a 16-year collaboration between the Uganda Virus Research Institute (UVRI) of the Uganda Ministry of Health, and the researchers at Makerere University in Kampala, Columbia University and the Johns Hopkins University. As of June, 2004, the Rakai program initiated a pilot program of ARV provision through the President's emergency Program for AIDS Relief (PEPFAR), under a subgrant from CDC-Uganda to the Institute of Public Health . The Rakai Program uses a home-based strategy adapted from CDC-Tororo.

Voluntary testing and counseling (VCT) is the entry point into provision of HIV care. Rakai Health Sciences Program (RHSP) has a innovative home-based program of voluntary testing and counseling provided by 13 counselors, and providing counseling to over 9000 individuals annually . These counselors received training provided by TASO and AIDS Information Center (AIC). 75% of the adult population have received VCT in the areas covered by the usual program annual HIV surveillance. Additional VCT will be offered to people not routinely covered by our routine HIV community surveillance and family members of HIV-infected individuals who did not participate in the annual HIV surveillance. In the next financial year, VCT will be offered to about 4000 individuals who fall in the above categories.

During the pilot ART program, additional counselors were deployed to the clinics to provide initial and follow up VCT at the 16 community HIV clinics. With the extension of services to cover the entire district four additional counselors will be required at the clinics.

With funding from other sources, Rakai's counselors have also received training in dealing with domestic violence and sexual coercion. A referral system to handle cases of sexual coercion and domestic violence has also been set up. This has been very helpful in handling social consequences arising out of discordance of HIV results among couples.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	4%
<input checked="" type="checkbox"/> Human Resources	58%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Logistics	13%
<input checked="" type="checkbox"/> Policy and Guidelines	2%



Training

2%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	12	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	16	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- HIV/AIDS-affected families
- Infants
- Sex partners
- Youth

**Key Legislative Issues:**

- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** / Makerere and Mbarara University Hospitals

**Planned Funds:**

**Activity Narrative:**

Track 1.5 funds supported a pilot routine CT program in Mulago Hospital. Uptake was 95% and prevalence 56% in medical words and 50% among spouses of patients. Based on these good results, Makerere and Mbarara Teaching Hospitals received FY04 funds in late September to implement routine counseling and testing services (RCT) to benefit patients and their family members. Combined, these two hospitals have a patient load of 500,000 patients annually and HIV prevalence rate exceeding 30%. As referral hospitals, the majority of these patients are from rural, poor areas with limited capability to pay for services. RCT procedures and protocols will be developed and expanded for both in-patient and out-patient wards. Training for all hospital staff will be conducted to ensure full adherence to standardized opt-out policies.

Following the FY04 piloting of RCT in 4 wards of Mulago Hospital, FY05 activities will be expanded throughout the two teaching hospitals through a phased-in schedule. Referral systems within each hospital will be fully established and policy issues for RCT will be reviewed in conjunction with MOH.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	9%
<input checked="" type="checkbox"/> Human Resources	61%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	9%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	7%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	750	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	12,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults*
- Caregivers*
- Health Care Workers*
- Discordant couples*
- HIV/AIDS-affected families*
- Implementing organization project staff*
- People living with HIV/AIDS*
- Sex partners*

**Key Legislative Issues:**

- Stigma and discrimination*

**Coverage Area:**      **National**

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Baylor College of Medicine

Planned Funds:

**Activity Narrative:**

Since July 2003 over 3,000 children and adolescents have been registered and received pre- and post-test counseling and HIV testing at the Mulago Pediatric Infectious Disease Clinic (PIDC). FY04 activities sponsored through CDC have primarily included training on HIV counseling and testing.

FY05 activities will build on the existing PIDC counseling and testing infrastructure by hiring two nurse-counselors. These nurse-counselors will support ARV adherence efforts for the clinic, and will also have the ability to perform pre- and post-testing counseling as needed. It is anticipated that with these additional resources to the existing PIDC counseling and testing team, patients wait time for pre- and post-test counseling will be reduced, leading to improved clinic flow and quality of services. Also, plans for family-based VCT through PIDCs home-based care program will be undertaken by these staff.

HIV counseling and testing linkages with the Mulago pediatric nutrition and pediatric TB wards will also be made as reported HIV prevalence among these young patients is 46-50%.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	57%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	280	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers

- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

Coverage Area:      **National**

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: US Department of Defense (Deferred) / US Department of Defense

Planned Funds:

**Activity Narrative:** Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen were infected and that others needed a prevention strategy. As commander-in-chief of the armed forces, the president mandated the program to oversee and manage prevention, care and treatment programs throughout the forces.

The USG is the primary supporter of VCT services within the armed forces. With support that began in 2003, the number of VCT service centers has grown from none to 12, based in the major military bases and spread out throughout the country. To date over 6000 persons have been reached through these centers.

The program includes support for the 12 existing centers with FY04 deferred funds and will complement FY05 activities.

**Activity Category**

- Commodity Procurement
- Strategic Information (M&E, IT, Reporting)

**% of Funds**

60%  
40%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Military

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:** Up to 5 Volunteers will assist with capacity building among organizations – faith based and other community based organizations – which provide testing. This capacity building aims at organizational development within the service provider (planning, monitoring, record keeping, counselling skill-building), as well as assistance through implementing community activities supported by Volunteers together with their host-organizations.

Emphasis will be placed on increasing the number of people seeking testing as well as strengthening linkages to care and treatment sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	80	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Commercial sex workers        | <input checked="" type="checkbox"/> Discordant couples          |
| <input checked="" type="checkbox"/> Community leader              | <input checked="" type="checkbox"/> HIV/AIDS-affected families  |
| <input checked="" type="checkbox"/> Community members             | <input checked="" type="checkbox"/> HIV+ pregnant women         |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Faith-based organizations     |   |
| <input checked="" type="checkbox"/> Health Care Workers           |   |
| <input checked="" type="checkbox"/> Community health workers      |   |
| <input checked="" type="checkbox"/> Traditional birth attendants  |   |
| <input checked="" type="checkbox"/> Traditional healers           |   |

**Key Legislative Issues:**

- Addressing male norms and behaviors
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

**Coverage Area:**

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State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Kabarole	ISO Code: UG-405
State Province: Kamuli	ISO Code: UG-205
----- State Province: Kamwenge -----	----- ISO Code: UG-413 -----
----- State Province: Kibale -----	----- ISO Code: UG-407 -----
----- State Province: Kumi -----	----- ISO Code: UG-208 -----
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

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Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue (Deferred) / International Rescue Committee

Planned Funds:

Activity Narrative:

VCT services will be strengthened and expanded in three conflict affected districts, which have been predominately under served in the national response to HIV/AIDS. Referral systems will be established and strengthened with palliative care and treatment services. Given the high rate of transmission among discordant couples, VCT will focus on couples as well as other high risk individuals who may need care and treatment services, i.e. IDPs.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	30	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Discordant couples*
- Refugees/Internally displaced persons*
- Adult*
- nomadic groups*

Key Legislative Issues:

- Gender
  - Addressing male norms and behaviors*
  - Reducing violence and coercion*

**Coverage Area:**

State Province: Bundibugyo  
State Province: Kasese  
State Province: Nakapiripit

ISO Code: UG-401  
ISO Code: UG-406  
ISO Code: UG-311

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

This program aims to extend HIV counselling and testing services to family members of registered Mildmay and Reachout Mbuya clients especially those commencing on ART. This will contribute to the integration of HIV prevention into HIV/AIDS care services.

The key activity of FY05 is expanding access quality HIV testing and counselling for family members of clients at 2 existing sites, and extension of programme to a third site.

Mildmay is primarily a care institution currently providing comprehensive HIV/AIDS services to its existing 5000 clients, 1600 of which are on ART.

The key focus for FY05 is extending HIV/AIDS counseling and testing services to family members of clients especially those on ART. Following CT, HIV+ clients shall be linked to care services at Reachout Mbuya and any other care and support provider.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	7%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	46%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Logistics	7%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	9%

**Targets:**

Not Applicable

Number of individuals trained in counseling and testing 150  Not Applicable

Number of individuals who received counseling and testing 6,000  Not Applicable

Number of service outlets providing counseling and testing 3  Not Applicable

**Target Populations:**

- Adults
- Business community
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Orphans and other vulnerable children
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Routine Counseling and Testing in Two District Hospitals / Research Triangle International

**Planned Funds:**

**Activity Narrative:**

RCT is a new area for CT expansion in Uganda. The MOH is currently revising national CT policy to include RCT. MOH is very interested in working with Emergency Plan partners such as RTI to develop RCT implementation guidelines for District Hospitals.

Funds received in late FY04 allowed RTI to establish Uganda country office presence and operationalize partnerships with sub-partners, key service provider organizations and the MOH.

In FY05, RTI will develop a full steering committee to guide and oversee all project interventions for RCT and the provision of basic care. A situational analysis to determine the current knowledge and practices of CT activities in district hospitals will be conducted. A training needs assessment to determine the levels of hospital health care providers will also be undertaken. Together, these activities will provide the basis for developing protocols, training manuals and standard operating procedures for RCT and basic care practices in the two district hospitals. RCT will be fully established in the two districts hospitals by the end of FY05. RTI will work with MOH, CDC, Mulago & Mbarara Hospitals to help develop policy and implementation guidelines for RCT in district hospitals.

Linkages to effective internal hospital and required external referral systems will be established to be fully functional within the first six months of FY05. Systems for monitoring quality of services and data collection and analysis will be designed, programmed and fully functional within eight months.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	150	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Midwives
- HIV/AIDS-affected families
- Ministry of Health staff

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Kaberamaido  
State Province: Mpigi

ISO Code: UG-213  
ISO Code: UG-106

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Northern Corridor Program/Uganda Section / Family Health International

Planned Funds:

**Activity Narrative:**

The six transit sites on the Ugandan side of the border with Kenya (Busia, Malaba, Mbarara, Kagitumba, Katuna) are fluid and transient and contribute to higher risk behaviour for HIV/AIDS. For example, farmers are in and out delivering their goods, there are disproportionately larger numbers of young women (not only sex workers, but also traders, lodge workers), there may be refugees, petty traders, OVC, etc. Data in 1997 from Uganda by Pickering and Nunn reported that only 53 percent of residents were still present after 3 years, thus people who lived in a high transmission area may have moved to a lower prevalence area. A reduction in transmission in these environments will likely have a real spill-over contribution beyond the corridor sites. These populations and sites are underserved by on-going, discrete projects. With higher risk behavior and alternate wives/girlfriends and sex workers along well traveled routes, there is a great need to ensure counseling and testing linked to care for these groups, as well as prevention for HIV positive individuals and high risk.

This program will be jointly funded by Kenya (confirmed) and Sudan (TBD). The program will deliver prevention, counseling and testing and care in Busia, Malaba, Mbarara, Kagitumba, Katuna. Specific interventions will build on activities that are currently fragmented and will target high-risk mobile population (truck drivers/assistants and sex workers) with counseling, testing and prevention activities and services while identifying PLWHA for care and treatment services. The program will mobilize and link the target groups and resident population to sources of prevention messages, VCT, care and treatment.

The proposed program is a multisectoral intervention along transport corridors; not a truck drivers intervention. This is an important distinction focusing on the site and as many contributing factors as possible because these geographic areas with their truck stopovers, trading centers, border crossings tend to be historically sites of higher prevalence than the rural areas off the corridors, and higher than the national/provincial averages. The program will actively link the transport community into existing VCT, counseling, care and support - including client counseling and support for people on OI/ART treatment. Those who are HIV+ will receive care, support and/or treatment. For truck drivers, they will be linked in through their companies and home sites. As ART becomes more widely available, building in an "international treatment passport" concept that would provide a safety net for drivers who ran out of drugs along the route is a possibility.

**Activity Category**

Community Mobilization/Participation

**% of Funds**

15%

<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems,	25%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%
<input checked="" type="checkbox"/> Workplace Programs	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	30	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	600	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	6	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Commercial sex industry
- Community leader
- Community members
- Community-based organizations
- Truckers

**Key Legislative issues:**

**Coverage Area:**

State Province: Busia	ISO Code: UG-202
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Mbarara	ISO Code: UG-410
State Province: Ntungaro	ISO Code: UG-411
State Province: Tororo	ISO Code: UG-212



Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. USG support in FY05 will facilitate the implementation of the scale-up program for HIV/AIDS care, prevention and treatment activities. Counseling and testing is a key prevention activity that will be addressed. In FY05, the key focus activities include:

- completing and disseminating policies and implementation guidelines on counseling and testing, including Routine CT in clinical settings, home-based VCT, use of fingerstick testing technologies and pediatric CT.
- developing training guidelines for community counseling aides, counselor supervisors
- developing counselor trainers' handbook
- developing guidelines for the establishment of Post Test Clubs and provide technical support for quality Post Test Clubs
- supervision of service delivery points
- holding collaborative meetings with counseling and testing service providers
- developing IEC materials to create awareness for HIV counseling and testing services and Counseling and Testing/AIDS care referral forms
- with national campaign to promote, aligned couple testing.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	120	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	100,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	40	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Research Triangle International (RTI) / Research Triangle International

Planned Funds:

Activity Narrative:

RCT is a new area for CT expansion in Uganda. The MOH is currently revising national CT policy to include RCT. MOH is very interested in working with Emergency Plan partners such as RTI to develop RCT implementation guidelines for District Hospitals.

Funds received in late FY04 allowed RTI to establish Uganda country office presence and operationalize partnerships with sub-partners, key service provider organizations and the MOH.

In FY05, RTI will develop a full steering committee to guide and oversee all project interventions for RCT and the provision of basic care. A situational analysis to determine the current knowledge and practices of CT activities in district hospitals will be conducted. A training needs assessment to determine the levels of hospital health care providers will also be undertaken. Together, these activities will provide the basis for developing protocols, training manuals and standard operating procedures for RCT and basic care practices in the two district hospitals. RCT will be fully established in the two districts hospitals by the end of FY05. RTI will work with MOH, CDC, and Mulago and Mbarara Hospitals to help develop policy and implementation guidelines for RCT in district hospitals.

Linkages to effective internal hospital and required external referral systems will be established to be fully functional within the first six months of FY05. Systems for monitoring quality of services and data collection and analysis will be designed, programmed and fully functional within eight months.

Activity Category

% of Funds

- Local Organization Capacity Development
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Training

25%  
15%  
10%  
50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	2	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults  People living with HIV/AIDS
- Health Care Workers  Youth
- HIV/AIDS-affected families
- Ministry of Health staff

**Key Legislative Issues:**

Stigma and discrimination

**Coverage Area:**

State Province: Kaberamaido

State Province: Mpigi

ISO Code: UG-213

ISO Code: UG-106

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Full Access Counseling and Testing (Deferred) / To Be Determined

Planned Funds:

**Activity Narrative:**

This deferred FY04 funding is to support an implementing partner to implement a 100% VCT access program for a district. The purpose of this program is to provide HIV counseling and testing services to all adults and potentially all children under five years of age in the district. The VCT service also includes referral of those testing positive to sources of basic preventative care and palliative care within the district and communities.

In piloting this program, services will respond to the high unmet need and demand for VCT services in Uganda by increasing access to VCT services for the entire population of the district within their community of residence. This program also respond to the new opportunities of increased HIV/AIDS care and treatment services that have become more available and support the family based approach which targeting families and couples in HIV prevention. Finally, the ICObI experience will provide guidelines and information on the cost effectiveness of implementing such a VCT strategy to stakeholders, particularly MOH.

It is expected that this program will collaborate with the existing community and facility based HIV/AIDS programs including PMTCT, Community Education, VCT, Home-based care and BCC programs in the district.

A similar activity will be undertaken in Adjumani District.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	35%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	150	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	200,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	250	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults*
- Community members*
- Community-based organizations*
- HIV/AIDS-affected families*
- Refugees/internally displaced persons*
- People living with HIV/AIDS*
- Youth*

**Key Legislative Issues:**

- Stigma and discrimination*

**Coverage Area:**

State Province: Adjumani

ISO Code: UG-301

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

**Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Counselor HIV Training - Deferred / The AIDS Support Organization

**Planned Funds:** -----

**Activity Narrative:**

This deferred FY04 funding is to support the full implementation of the HIV counselor training activities initiative, which is being implemented by the TASO Training Department. This activity will develop and update counsellor training curricula to incorporate ART education and new prevention messages as well as new CT approaches such as routine counselling and testing in hospitals. The activity will also train new cadre and increase the number of counsellors in the country, to address the large human resources shortage in this area. In addition, standards and quality assurance mechanisms for counselling will be established at the national level and used to develop an accreditation system for counsellors in Uganda. To ensure consistency in HIV counselling messages and skills, TASO in conjunction with the MOH and other stakeholders is beginning by reviewing the current MOH 4-week counselor training curriculum and certification process. Revisions to this system will establish a comprehensive, competency-based training curriculum with updated information and training guidelines.

The activities begun in 2004 will be continued to full implementation through 2005 for national coverage to meet the national need of all counseling and testing services.

**Activity Category**

- Policy and Guidelines
- Training

**% of Funds**

20%  
80%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	40,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	200	<input type="checkbox"/> Not Applicable

**Target Populations:**

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:** National

State Province:

ISO Code:

Program Area: Counseling and Testing  
 Budget Code: (HVCT)  
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Full-Access / To Be Determined

Planned Funds:

**Activity Narrative:**

This funding will ensure that the second "Full Access Home-Based VCT program using out reach teams" district project will have adequate levels to fully cover the catchment area to provide HIV counseling and testing services to all adults and potentially all children under five years of age in the district. The VCT service also includes referral of those testing positive to sources of basic preventative care and palliative care within the district and communities.

In piloting this program, services will respond to the high unmet need and demand for VCT services in Uganda by increasing access to VCT services for the entire population of the district within their community of residence. This program also respond to the new opportunities of increased HIV/AIDS care and treatment services that have become more available and support the family based approach which targeting families and couples in HIV prevention. Finally, the ICObI experience will provide guidelines and information on the cost effectiveness of implementing such a VCT strategy to stakeholders, particularly MOH.

It is expected that this program will collaborate with the existing community and facility based HIV/AIDS programs including PMTCT, Community Education, VCT, Home-based care and BCC programs in the district.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community leader
- Community members
- HIV/AIDS-affected families



**Key Legislative Issues:**

Stigma and discrimination

**Coverage Area:**

State Province: Adjumani

ISO Code: UG-301

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

Activity Narrative:

IRC has already established voluntary counseling and testing services in Kiryandongo refugee settlement in conjunction with the AIDS Information Centre. Funds will be used to establish VCT in Ikafe and increase uptake of VCT services in both settlements and to the surrounding national population.

Additional counseling and laboratory staff will be hired so that innovative approaches such as home-based VCT, outreach VCT and routine counseling and testing for inpatients can be piloted in order to increase the uptake of VCT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	14%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	6	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Refugees/Internally displaced persons
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.7: PROGRAM PLANNING OVERVIEW**

- Result 1: Strengthened capacity of health professionals to care for HIV infected TB patients.
- Result 2: Strengthened delivery of integrated HIV and TB services.
- Result 3: Improved diagnostics and treatment of TB among HIV+ individuals
- Result 4: Strengthened institutional capacity of local organizations caring for HIV+ TB patients.
- Result 5: Full supply of related drugs and diagnostics achieved.

Total Funding for Program Area (\$):

**Current Program Context:**

The ongoing USG funded Palliative care TB/HIV activities are conducted in collaboration with the National TB/Leprosy Program, the National AIDS Control Program and implementing partners including TASO, AIC, HBAC, Mwidmay, Mbuya reach out, the Institute of Public Health as well as other partners developing the capacity of service providers at the district level including, the AIDS Integrated Model District Program (AIM) and the Uganda Program for Human and Holistic Development (UPHOLD).

The Government with support from other donors such as CIDA, GLRA, and GFATM procures and supplies the anti TB drugs free of charge for patients with active TB. USG provided assistance in development of the TB proposal for the GFATM. Global fund activities will be closely coordinated with USG district partners. USG has supported the National Tuberculosis and Leprosy Program (NTP) through the hiring of staff at various levels. At the National level is a TB Technical Advisor, Two TB Specialists and three regional coordinators for TB/HIV. Plans are underway to hire a laboratory manager for the NTP referral lab.

Donors, including the World Bank, WHO and USG, have also been involved in the expansion of Community based Directly Observed Treatment Short course (CB-DOTS) through out the country. Community based DOTS is now in 47 out of 56 districts. The AIM and UPHOLD TB programs, originally focused on strengthening the roll-out of CB-DOTS in 20 districts will move into integrated activities at the health sub-district and community level.

Delivered through a variety of settings, integrated HIV/TB interventions supported by implementing partners, include routine TB screening for HIV positive VCT clients, and screening for TB in HIV care centers. In addition to providing treatment of active TB among HIV infected individuals, these facilities have developed referral systems to ensure TB treatment completion. The Home Based AIDS Care Project (HBAC) in Tororo provides comprehensive care to HIV positive TB patients, which includes the provision of ARVs. Since 2001, AIC has screened 18,474 HIV positive clients for TB, of which 801(4.3%) were found to have active TB. AIC has also implemented Isoniazid Preventive Therapy, to 1302 (7%). HIV testing for TB patients is conducted at sentinel sites through USG funding to the MOH and in the 16 AIM funded districts. Strategic information, quality assurance and training of key staff is also supported, by implementing partners.

Despite the fore mentioned achievements, there are still gaps in the area of palliative care TB/HIV. Linkages with other sectors and initiatives is not well established. There are no national policy and implementation guidelines for ensuring the delivery of quality integrated services. There is no national and very few district level TB-HIV multisectoral working groups to oversee and plan TB-HIV collaborative activities - AIM has developed "network model" committees at the HSD level in 6 districts. No uniform format has been established for collection of strategic information on TB/HIV collaborative activities. A joint TB/HIV communication strategy is yet to be developed and finalized.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

In addition to HIV/AIDS funds, AIM has been receiving infectious disease money to support the National TB and Leprosy Program. The focus of AIM's activities to date has been on supporting the capacity of the central program as well as assisting districts to roll-out or strengthen the delivery of CB DOTS in the 16 AIM districts. In FY04, AIM began to address the issue of integrating HIV/AIDS and TB services within the 16 districts. With an initial focus on 6 districts, AIM has been supporting districts to strengthen or expand their ability to provide HIV/AIDS services through a network model of referrals and comprehensive care.

In FY05, AIM will expand its support to strengthening network models at the health subdistrict level in 6 additional districts. (Please see palliative care sector for more detailed discussion of network model). The focus for this program area will include: reporting and recording integrated services, which requires modifications in registers at each facility; supporting committees that coordinate and monitor the integration of HIV/TB services; ensuring patients are identified and supported through an integrated network of services i.e. TB+ patients are referred and receive CT and HIV+ clients are then referred for care and treatment as appropriate; HIV+ clients are screened for TB and receive management of OI and treatment, as appropriate; cotrimoxazole is provided to all HIV+ TB clients. Particular focus will be placed on ensuring that appropriate HIV care is afforded to HIV+ TB patients during and after TB treatment – very often a client is lost to HIV care once their TB treatment is completed.

At the community level, AIM will support the integration of HIV/TB activities through IEC/BCC campaigns including radio, posters and drama. AIM will also work with the subcounty health worker and community based volunteers to identify other individuals who should be referred for HIV testing or TB screening.

AIM is also providing a grant to the Uganda military to strengthen the delivery of integrated HIV/TB services, building a network from the existing 12 VCT sites supported by DOD activities. It is important to note that many military facilities in conflict areas support the general population as well. This activity will be closely coordinate with ongoing support from the DOD.

A significant portion of AIM districts are in conflict affected areas. Many activities will be targeted to and /or implemented within IDP camps.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	23%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	9,100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	340	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Traditional healers
- HIV/AIDS-affected families
  - Refugees/Internally displaced persons
- People living with HIV/AIDS
- Prisoners

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313



Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

**Activity Narrative:**

In FY04, all the 10 TASO centers provided TB management. All TASO clients received routine TB screening and testing (35000 clients total). Five percent of those tested had active TB, and 99% of those with active TB were treated at TASO, while the other 1% were referred for specialized treatment.

Key focus for 2005 is to build capacity for TB screening, diagnosis and treatment in the newly opened centers through training of health staff in TB management. Routine screening diagnosis and treatment will continue at the old centers. TASO will strengthen the linkages between TB management and ART services in the centers providing ART. In addition TASO will meet the cost for X-rays required for TB diagnosis.

Partnerships and linkages exist with the National TB program that provides free TB drug and laboratory reagents as well as technical assistance.

TB services in TASO are offered in a continuum from investigation to prophylaxis to treatment. This includes awareness creation among clients and their households.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Infrastructure	43%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	22%

**Targets:**

		<input checked="" type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	13	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Health Care Workers                   | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Infants                               | <input checked="" type="checkbox"/> Widows       |
| <input checked="" type="checkbox"/> Migrant workers                       | <input checked="" type="checkbox"/> Youth        |
| <input checked="" type="checkbox"/> Refugees/internally displaced persons |  |
| <input checked="" type="checkbox"/> Orphans and other vulnerable children |  |
| <input checked="" type="checkbox"/> People living with HIV/AIDS           |  |
| <input checked="" type="checkbox"/> Students                              |  |

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** UPHOLD / John Snow Inc

**Planned Funds:**

**Activity Narrative:**

In FY05, UPHOLD undertook an assessment of TB/HIV services in the 12 target districts and developed plan for implementation of integrated services.

In FY05, leveraged with funds from infectious disease, UPHOLD will work with district hospitals and the civil society to roll out CB-DOTS through groups of PHAs who will be trained and encouraged to follow-up of their fellow clients on TB treatment as well as disseminating community prevention messages on TB. Working through other community networks such as FBOs and community counseling aides, UPHOLD will support the development and dissemination of information aimed at improving community perception of TB, increasing treatment-seeking behavior, and linking TB to other community HIV/AIDS interventions.

At the health facility level, UPHOLD will support the integration of TB screening and treatment and prevention into voluntary HIV counseling and testing in all health units receiving UPHOLD support. VCT services will also be set up in current TB treatment sites in the 12 districts.

UPHOLD will also support districts to roll-out training of health workers in case detection, treatment and managing integrated HIV/TB services will be central in the implementation of expanded TB services. This activity compliments TB activities funded through Infectious Disease resources.

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	72	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	18	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** AIC CDC / AIDS Information Center

**Planned Funds:**

**Activity Narrative:**

The TB program at the AIC commenced in January 2001, as a pilot program in its Kampala branch. Since then the program has been expanded to 3 more AIC stand alone sites ( Mbale, Jinja and Mbarara). The program is to be expanded to 2 more sites (Kabale and Arua). From January 2001 to June 2004, 18,474 VCT clients were screened for TB, out of these 801 (4.3 %) were found to have active TB and were referred for treatment. For Isoniazid preventive therapy 1302 were enrolled.

In FY05 screening and diagnosis was provided to HIV infected clients at the 4 AIC branches. Most patients with active TB are referred to NTLT TB treatment centers except for Kampala branch that has treated 170 TB cases out of the 273 diagnosed at the branch since February 2004. For clients found without active TB, isoniazid preventive therapy is provided to PPD positive HIV infected clients. The AIC informatics and network capacity is to be expanded by establishing a wide area network in 5 AIC branches. Cost analysis of the TB program at AIC has been conducted. Lessons learnt from the analysis will benefit the MOH and partners in designing IPT programs in the country.

The key focus for FY05 will include:

- Scale up TB screening activities and IPT to Arua and Kabale AIC branches;
- Strengthening of TB screening, diagnosis, treatment and prevention in the 4 branches already implementing these activities;
- Strengthening linkages for referral of active TB patients diagnosed at the VCT sites to TB NTLT treatment centers;
- Follow up patients referred for TB treatment in NTLT clinics.
- Continue with expansion of WAN to AIC sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	19%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Logistics	22%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	17%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	8	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Community leader
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Lira	ISO Code: UG-307
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Soroti	ISO Code: UG-211

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

**Activity Narrative:**

The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs.

In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of palliative care national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs. DELIVER will support development and improvement of all USG implementing partner logistics system, to ensure a coordinated and streamlined approach to tracking.

**Activity Category**

- Local Organization Capacity Development
- Logistics
- Training

**% of Funds**

20%  
70%  
10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	300	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IRCU / Inter-Religious Council of Uganda

Planned Funds:

**Activity Narrative:**

USAID has been providing financial and technical assistance to IRCU and its HIV/AIDS program since its inception. USAID's overall aim is to develop the capacity of IRCU to coordinate the overall faith-based HIV/AIDS response in Uganda. Through Track 2.0 funds, USG support to IRCU began delivering grants to faith-based facilities to expand the delivery of critical palliative care services.

This activity will be implemented as an integral component of the palliative care basic health care activities. Emphasis will be put on screening all HIV positive clients for TB as well as accessing CT services in facilities where TB care is offered. The ultimate objective will be to ensure that all HIV + clients are tested for TB while all TB clients are tested for HIV. Clinical staff will be oriented in TB screening, diagnosis and treatment while counselors will be trained to offer psychosocial support to HIV positive TB patients and their caregivers.

Similarly, the activity will build upon the existing Community Directly Observed Therapy Short Course (CB-DOTS). CB-DOTS is supported by community-based volunteers who deliver medicine to patients in their homes, increase TB literacy and provide adherence support. These volunteers will be trained to integrate HIV into the TB messages delivered to patients and their households as well as identifying and referring people for HIV testing. Other existing community based networks such as religious leaders, community leaders, groups of PLHA and Traditional Healers will be similarly trained to deliver accurate information on TB/HIV and appropriately refer people for services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Faith-based organizations
  - Community health workers
  - Doctors
- HIV/AIDS-affected families
- Implementing organization project staff
- M&E specialist/staff
- People living with HIV/AIDS
- Religious/traditional leaders

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kasese	ISO Code: UG-406
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

Rakai Health Sciences Program (formerly Rakai Project ) is a 16-year collaboration between the Uganda Virus Research Institute (UVRI) of the Uganda Ministry of Health, and the researchers at Makerere University in Kampala, Columbia University and the Johns Hopkins University. As of June, 2004, the Rakai program initiated a pilot program of ARV provision through the President's emergency Program for AIDS Relief (PEPFAR), under a subgrant to the Institute of Public Health . The Rakai Program uses a home-based strategy adapted from USG supported Home Based AIDS Care project in Tororo.

Diagnosis and treatment of Tuberculosis (TB) is very critical for the ART program. It is critical to rule out TB before initiating patients on treatment due to the drug interactions between TB medicine and antiretroviral drugs that may compromise the effectiveness of antiretroviral drugs.

Rakai Health Sciences Program has the capacity to diagnose TB by sputum smears and is in the process of acquiring an X-ray machine to facilitate the diagnosis of TB among the patients with sputum negative TB and to monitor patients on treatment. In the meantime we are using the Rakai hospital X-ray unit to diagnose and monitor patients on TB treatment. The district X-ray unit however gets frequent stock-outs of x-ray films and chemicals required to run the unit. We are currently supporting the district x-ray unit with these logistical items. Our support to the district will enable more people in the district to be diagnosed of TB and thus get treated. As an indirect target, our logistical support will increase the number of people accessing TB care from district health units by fifty (50).

Currently we have over 10 people receiving TB care and expect to have about 20 receiving care by the end of FY04. With the expansion of the program to other areas in the district we shall have about 50 patients receiving TB care during FY05.

Under our PEPFAR budget for FY05, the bulk of the funds will go into procurement of TB diagnostics and implementation of a DOTS program for the patients on treatment for TB. The DOTS program will require personnel to do home visits.

**Activity Category**

Commodity Procurement

**% of Funds**  
29%

<input checked="" type="checkbox"/> Community Mobilization/Participation	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	41%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	7%
<input checked="" type="checkbox"/> Logistics	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Training	1%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	4	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	16	<input type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere and Mbarara University Hospitals

Planned Funds:

**Activity Narrative:**

The Makerere and Mbarara Teaching Hospitals received FY04 funds in late September to implement routine counseling and testing services (RCT) to benefit patients and their family members. Combined, these two hospitals have a patient load of 500,000 patients annually and HIV prevalence rate exceeding 30%. As referral hospitals, the majority of these patients are from rural, poor areas with limited capability to pay for services. RCT procedures and protocols will be developed and expanded for both in-patient and out-patient wards. Training for all hospital staff will be conducted to ensure full adherence to standardized opt-out policies.

Building on the foundation to establish RCT in these two hospital setting, FY05 activities will include increasing the capacities for TB screening and treatment to be fully integrated into the HIV/AIDS care and services. Hospital staff will be trained and the laboratories equipped with the necessary supplies and equipment for TB diagnosis.

**Activity Category**

- Commodity Procurement
- Human Resources
- Information, Education and Communication
- Infrastructure
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 22%
- 51%
- 4%
- 7%
- 6%
- 10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	750	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Baylor College of Medicine

Planned Funds:

Activity Narrative:

The Mulago Pediatric Infectious Disease Clinic (PIDC) links directly with the paediatric arm of the National TB Program at Mulago Hospital. In FY04 systems to track TB history and treatment through the PIDC database were established to ensure complete medical history recording. A special TB nurse was engaged to perform TB diagnostic investigations for all PIDC children. And, training in paediatric manifestations and management of TB/HIV co-infection in children was provided for all PIDC practitioners.

In FY05 the palliative TB/HIV care and treatment protocols established will be expanded for all children receiving ARVs with the support of additional clinic staff to include a part-time radiologist. Links to the national immunization program will be strengthened and nutrition supplemental programs will be enhanced as needed for co-infected children and families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	11%
<input checked="" type="checkbox"/> Human Resources	57%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	6%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	6%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	280	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Twinning

Coverage Area:            **National**

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Joint Clinical Research Center, Uganda / Joint Clinical Research Center, Uganda

Planned Funds:

**Activity Narrative:**

In 2005, the TREAT program will support all 30 sites (including the six new satellite sites) to deliver a comprehensive package of care provision through collaboration with the national TB program. TREAT will not supply TB drugs directly to the ART centers, linkages have been set up with the MOH National TB program (NLP) to supply the anti TB drugs to patients screened and diagnosed with TB. JCRC will allocate extra time in terms of supervision, and setting up of logistic systems. In collaboration with the NLP and district health services JCRC will establish a reliable information system to collect TB related data for the ART program and patient monitoring. This will necessitate the development of monitoring tools at the ART centers.

For a successful TB/HIV program, support and linkages to local home-based care programs at the TREAT centres will be critical. The program will work closely with these programs. In addition, special outreach programs will be developed so as ensure adherence to TB treatment.

Note: The JCRC-Mengo lab provides national level lab services, while the ARV clinics provide service to the Districts listed in Area Coverage section.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	18,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	450	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	30	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Faith-based organizations
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Military
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Gulu	ISO Code: UG-304
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kotido	ISO Code: UG-306
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/ART / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS and its partners are already experienced in providing palliative care through many of its home based programs. This submission complements and expands and builds upon on-going HBC programs and the complementary ART program of which CRS is the prime.

The program started in March 2004 and four sites are now operational. There are linkages to TB clinics.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,590	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community members
- Community-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- M&E specialist/staff
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Gulu	ISO Code: UG-304
State Province: Kampala	ISO Code: UG-102
State Province: Kitgum	ISO Code: UG-305
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

**Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

TB is the commonest cause of death in those with AIDS yet TB is both preventable and treatable. Poorly functioning TB control programs contribute to increased morbidity and mortality and reduced quality of life in PLWHAs.

With available funds IRC will work with the District Health Services and the National TB and Leprosy Program to strengthen TB control services, in the two refugee settlements, especially for those living with HIV/AIDS. This will improve the quality of care and treatment outcomes in PLWHAs with TB disease and also contribute to prevention of disease in those co-infected with TB and HIV. The emphasis will be on Ikafe as IRC has already introduced DOTS in Kiryandongo with resultant marked improvement in cure and treatment completion rates.

Emphasis will also be on linking TB and HIV services so that all TB patients are referred for VCT and all HIV positive clients are screened for TB and, if appropriate, offered isoniazid prophylaxis. Cross-sectoral linkages will also be strengthened by referring TB clients for World Food Program provided nutritional support. This will also benefit persons with TB who are HIV positive but unaware of their status.

Integrated TB/HIV interventions in this setting will then be used as a model for scaling up services in the other refugee settlements in Uganda.

**Activity Category**

- Commodity Procurement
- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Information, Education and Communication
- Infrastructure
- Linkages with Other Sectors and Initiatives
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 6%
- 10%
- 5%
- 7%
- 39%
- 7%
- 4%
- 8%
- 3%
- 11%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	45	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	8	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- HIV/AIDS-affected families
- Refugees/Internally displaced persons
- People living with HIV/AIDS
- Religious/traditional leaders
- Volunteers

**Key Legislative Issues:**

Coverage Area: **National**

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.6: PROGRAM PLANNING OVERVIEW**

- Result 1: *Increased use of HIV/AIDS palliative care services by PLHA and their immediate families.*
- Result 2: *Improved quality and range of palliative care services (clinical and other) for PLHA and their families.*
- Result 3: *Strengthened capacity of public and private providers, including health workers, counselors, FBOs, and NGOs to deliver quality and sustainable palliative care services to PLHAs and families.*
- Result 4: *Strengthened capacity of families and community based groups to offer palliative care services to PLHAs.*
- Result 5: **RESULT-DELETED**

Total Funding for Program Area (\$):

**Current Program Context:**

Uganda is internationally recognized for its efforts in reducing the prevalence of HIV. However, the impact of the epidemic in terms of cumulative mortality, morbidity and social-economic destabilization will continue to be felt in the indefinite future. By 2002, over 1 million Ugandans were estimated to be living with HIV/AIDS, of whom 70,000 were newly infected in the same year. Therefore, palliative care will continue to be an essential component of the Ugandan HIV/AIDS response. Uganda is facing a mature HIV/AIDS epidemic and as a result, palliative care needs to be conceived in a context of multiple needs. These needs range from post-diagnosis support, on-going psychosocial support to enhance positive living and disclosure, prevention and treatment of opportunistic infections, prevention of HIV transmission among discordant couples, delay in progression to illness, to provision of end-of life care and post-bereavement support to care givers and families.

The USG has been supporting palliative care services in Uganda since early 1990. TASO has been the major USG partner and has gained international acknowledgement as a model for HIV/AIDS care. In addition, the USG has supported the scaling up of access to a wide range of palliative care services through local governments, faith-based and other civil society organizations, including services in conflict districts, through a number of district-based programs and innovative pilot activities.

The USG support leverages GOU and other donor resources for HIV/AIDS. For example, Uganda has been implementing the World Bank funded Multi-Country AIDS Program (MAP), of which a large portion of support has been devoted to palliative care, especially procurement of drugs and other pharmaceuticals. Uganda is also slated to receive significant resources from the Global Fund to Fight TB and Malaria. Currently the first disbursement of funding from Round One has been received and is being programmed through the public and private for profit sector as well as civil society organizations. The application for Round Three has also been approved and the agreement signed. Additional HIV/AIDS funding is also secured from other bilateral partners.

These resources are coordinated by the Uganda AIDS Commission, which ensures that they all contribute to the attainment of the national objectives as outlined in the National Strategic framework for HIV/AIDS. A UN and bilateral donor committee sits monthly to discuss funding priorities, share experiences and ensure that support provided to the GOU is coordinated.

Broadly, palliative care approaches in Uganda have focused on provision of psychosocial support, linkage between individual PHAs, their families, and communities, integrated management of OIs using essential drugs, economic empowerment, as well as newly emerging initiatives such as succession planning to enhance individual and community coping capacity.

Uganda is ahead of many African countries in coping with the epidemic and fighting stigma and discrimination. This has led to increased involvement of PHAs in AIDS prevention and care programs as well as emergence of strong home and community based support networks. There is increased competence in care both clinical and psychosocial.

Program Area: Palliative Care: Basic health care and support  
Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:



**Activity Narrative:**

In FY04, AIM supported the management and care of opportunistic infections and STIs in 323 health facilities, reaching 27,000 HIV+ individuals, throughout 16 districts. These facilities included district hospitals, health center 4's as well as lower level health facilities. AIM also began funding Hospice Uganda to expand palliative care service, including pain management using morphine in 3 districts. AIM also started funding a traditional healers organization (THETA) to strengthen the relationship between traditional and modern healers in 6 districts. Community and faith-based organizations were funded to provide home-based care and other support services. During FY04, AIM also identified six better performing districts that were well positioned to rapidly operationalize the network model pegged to a health sub-district at the health subdistrict (HSD) level (HC4). Several HSDs had defined coordination structures and existing network models to strengthen and expand; others had organically evolving, but not well defined, referral systems and integrated activities; while others required more intensive technical assistance to understand the concept of networking services, develop referral mechanisms and ensure that HIV+ individuals access all, where available, needed palliative care and treatment services. A key focus of this activity is ensuring that all palliative care services exist, as well as linking to existing treatment sites.

During FY05, AIM will expand its support to developing and strengthening existing network models at the HSD level in an additional six districts, for a total of 12. There are on average 4-5 HSD per district. While continuing to support the 323 facilities with technical assistance and training as needed, as well as THETA and Hospice, the focus in year 05 will be on strengthening the relationship between the health care facilities, NGOs / FBOs providing clinical and home care, and families and community groups. The role of families and communities in identifying individuals who should be referred for testing as well as supporting HIV+ individuals to receive appropriate care and treatment is the cornerstone of success for the network model. Families and community/faith groups in essence serve as case managers to ensure that individuals get the services they need when they need them.

FY05 will also include expanded support to the National Guidance and Empowerment Network, which is a national advocacy organization for HIV+ individuals; with affiliates at the district level. PHAs play a pivotal role in the delivery of palliative care services as recipients but also as advocates and service providers i.e. delivery of positive prevention messages, informing and educating PHAs and their families on the critical importance of basic preventive options (safe water, cotrim, psychosocial support and long lasting insecticide treated nets), assisting others to access the full spectrum of palliative care services. This activity will be aligned with the ART literacy campaign and the new PHA initiative proposed through FY05.

AIM will further facilitate the delivery of basic preventive care options through the different networks and systems at the district and community level i.e. health units for regular access to cotrimoxazole, faith, community and PHA groups for the distribution of long lasting insecticide treated nets and provision of psychosocial support; and the commercial sector at the district and community level for the distribution of chlorine for safe water.

With a significant portion of AIM districts in conflict affected areas, many activities will be delivered in IDP camps.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	1%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	13%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	2%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	47,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,692	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Traditional healers
- HIV/AIDS-affected families
- Mobile populations
- Refugees/Internally displaced persons
- People living with HIV/AIDS
- Teachers
- Trainers
- Volunteers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

**Activity Narrative:**

Although the exact HIV prevalence rates from the military are currently unknown, it is estimated that it is approximately 10,000 military personnel are living with HIV.

Capacity to provide quality HIV clinical care services is a challenge in the military health care facilities. This is due to drug shortages, lack of skilled manpower and inadequate training in AIDS care. The UPDF health care system works within a network of hospitals and healthcare centers all striving to provide basic healthcare with a minimum of resources:

The objective is to strengthen the capacity of the two main referral centers for the military to provide diagnostics and treatment of STI's and OI's for HIV positive persons and to support the implementation of a basic care package in these areas in order to establish them as centers of excellence for the armed forces, as well as preparation to expand these basic services to other units and areas within the military health networks.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	70	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community members
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
- Military
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Kampala  
State Province: Luwero

ISO Code: UG-102  
ISO Code: UG-104

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

Activity Narrative:

TASO is the largest indigenous AIDS Support Organization providing palliative care and psychosocial support to PHAs in Uganda. Services are offered through a network of 10 centers and several village outreach sites covering a total of 30 districts countrywide. Currently, TASO serves 40,000 clients.

This activity aims to improve the quality of HIV/AIDS care by integrating a comprehensive basic care package into the existing services. TASO will provide long lasting insecticide treated nets, safe water, cotrimoxazole prophylaxis to 40,000 clients, and also extend VCT, care and support services to family members of TASO clients.

This program is closely linked with the TASO ART program for eligible clients. It is also linked with other service providers like ministry of health district and regional hospitals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	72%
<input checked="" type="checkbox"/> Infrastructure	24%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	2%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- Mobile populations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Sex partners
- Youth
- HIV+ Families

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO USAID / The AIDS Support Organization

Planned Funds:

Activity Narrative:

TASO will build on existing FY04 activities to expand palliative care services in the 10 existing branches across the country. With PEPFAR Track 1.5 support, TASO has expanded its services by opening two branches in Soroti and Rukungiri and has set up a regional office in Mbale.

FY05 funds will be used to consolidate TASO's network of services that include facility based and home-based palliative care, as well as strengthening linkages between VCT and care services. TASO already has an established network model of delivering palliative care services. Trained community volunteers including retired health care workers support this network. They provide intermediate care at family and community level referring clients for specialized care at TASO branches. TASO will also integrate spiritual care and pain management using morphine into its existing services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	26%
<input checked="" type="checkbox"/> Community Mobilization/Participation	4%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Local Organization Capacity Development	7%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	23%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- HIV/AIDS-affected families
- Mobile populations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Sex partners
- Youth

**Key Legislative Issues:**

- Gender
- Volunteers
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
----- State Province: Jinja -----	ISO Code: UG-204 -----
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
----- State Province: Masaka -----	ISO Code: UG-105 -----
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
----- State Province: Wakiso -----	ISO Code: UG-113 -----

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

**Activity Narrative:**

In FY04, UPHOLD supported district level health units to provide care and treatment of opportunistic infections and STIs, through which 502 PLHA were served.

In FY05, UPHOLD plans to expand access to palliative services through a wide range of partners including mainly faith-based organizations, the private sector and other civil society organizations. An RFP was issued in August this year and it is anticipated to generate wide response from organizations delivering palliative care at district and community levels. Some of the 12 districts covered by UPHOLD fall within regions that have been affected by armed and civil conflict. A specific strategy has been developed to address palliative care needs of people in these regions, including working through existing relief agencies.

UPHOLD works to strengthen health facilities at district and sub district levels through training of health workers and counselors and linking palliative care to VCT, PMTCT and ART services. Working through DELIVER/MOH, UPHOLD will also strive to ensure a steady and reliable supply of commodities, particularly drugs for treating opportunistic infections.

Family and community care will be enhanced through training of family members and community volunteers in home care skills and referral. Their role will be complemented by other existing community groups such as PLHA networks, religious and community leaders. UPHOLD will ensure that the various HIV/AIDS services existing in the community are linked through an active referral system and that the various caregivers are aware of these outlets to be able to support people and refer them where to seek appropriate care.

UPHOLD will support the scaling up of access to the preventive care package. Elements of this package such cotrimoxazole, prevention of malaria using long lasting mosquito nets and educating communities on proper nutrition will be integrated into palliative care services. This will entail training of providers to ensure they appreciate the role of these elements in preventing illness as well as being able to pass on correct information to clients.

Resources for this activity will be complemented by the FY04 deferred funds totaling

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	9,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	72	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	18	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	18	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UPHOLD (Deferred) / John Snow Inc

Planned Funds:

**Activity Narrative:**

In FY04, UPHOLD supported district level health units to provide care and treatment of opportunistic infections and STIs, through which 502 PLHA were served.

In FY05, UPHOLD plans to expand access to palliative services through a wide range of partners including mainly faith-based organizations, the private sector and other civil society organizations. An RFP was issued in August this year and it is anticipated to generate wide response from organizations delivering palliative care at district and community levels. Some of the districts covered by UPHOLD fall within regions that have been affected by armed and civil conflict. A specific strategy has been developed to address palliative care needs of people in these regions, including working through existing relief agencies.

UPHOLD work to strengthen health facilities at district and sub district levels through training of health workers and counselors and linking palliative care to VCT, PMTCT and ART services. Working through DELIVER/MOH, UPHOLD will also strive to ensure a steady and reliable supply of commodities, particularly drugs for treating opportunistic infections.

Family and community care will be enhanced through training of family members and community volunteers in home care skills and referral. Their role will be complemented by other existing community groups such as PLHA networks, religious and community leaders. UPHOLD will ensure that the various HIV/AIDS services existing in the community are linked through an active referral system and that the various caregivers are aware of these outlets to be able to support people and refer them where to seek appropriate care.

UPHOLD will support the scaling up of access to the preventive care package. Elements of this package such cortimoxazole, prevention of malaria using long lasting mosquito nets and educating communities on proper nutrition will be integrated into palliative care services. This will entail training of providers to ensure they appreciate the role of these elements in preventing illness as well as being able to pass on correct information to clients.

Resources for this activity will also be complemented by FY05 funds amounting to

Activity Category

% of Funds

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<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	34%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	24	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kitgum	ISO Code: UG-305
State Province: Nakapiripirit	ISO Code: UG-311

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Basic Care Package Procurement/Dissemination / Population Services International

Planned Funds:

**Activity Narrative:**

PSI is a premier social marketing firm, with extensive experience in behavioral change communication. PSI has worked in Uganda for the last 5 years, marketing preventive health services and products.

Acceptability and use of palliative care services and products among people living with HIV/AIDS shall be promoted through media and counseling and testing service providers. Couples will be a key entry point for this effort, as they will be encouraged to test together and communicate with each other about their status, including their reproductive intentions, and mutual faithfulness.

Through PSI, cotrimoxazole, safe water products, long lasting insecticide treated nets (LLITNs), multivitamins and referrals to nutritional supplementation will be promoted. Information and educational materials for providers and clients will be developed to increase knowledge and effective use.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	52%
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Human Resources	
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Needs Assessment	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Media
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:



Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIC USAID / AIDS Information Center

Planned Funds:

**Activity Narrative:**

The AIDS Information Center (AIC) has established Post Test Clubs, which are associations of people that have received counseling and testing services. The associations help to provide mutual support among members to enhance positive living for those who test HIV+ and sustained behavior change for those who are HIV negative. The clubs also offer on-going mutual psychosocial support, engage in advocacy for improved HIV/AIDS care and treatment and conduct outreach HIV/AIDS education activities.

Individuals who test HIV+ at AIC are provided transitional care involving treatment of opportunistic infections, psychosocial support and training in advocacy skills. Individuals with advanced opportunistic infections that need specialized care are referred to other care organizations, mainly TASO. Currently Post-Test Clubs are established at 8 branches of AIC.

In FY05 AIC will strengthen Post-Test Clubs to ensure that HIV+ clients receive appropriate care. The PTCs will play important roles in mobilizing people to seek VCT services, enhancing prevention of HIV transmission among HIV discordant couples by serving as peer educators in the delivery of positive prevention messages, informing and educating PHAs and their families on the critical importance of using preventive care options as well as facilitating access to palliative care services. PTCs will also play critical roles in supporting the ART literacy campaigns.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	19%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	170	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Discordant couples
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Lira	ISO Code: UG-307
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Soroti	ISO Code: UG-211

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIC CDC / AIDS Information Center

Planned Funds:

**Activity Narrative:**

AIDS Information Center (AIC) is the lead VCT provider in Uganda with a network of 8 centers and several outreach sites. In 2003, 130,000 clients were served by AIC - countrywide and all received STI screening and treatment, TB screening and INH prophylaxis for those eligible. 700 clients at one center (AIC Kampala) also received cotrimoxazole prophylaxis.

This activity will strengthen and expand the IPT and cotrimoxazole prophylaxis program to all 8 AIC centers. HIV+ clients who need ARVs or other specialized care will be referred to appropriate treatment centers through a referral network.

Activities will complement those supported through USAID funding.

**Activity Category**

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	21%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	16%
<input checked="" type="checkbox"/> Logistics	22%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	170	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Discordant couples
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Lira	ISO Code: UG-307
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Soroti	ISO Code: UG-211

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

**Activity Narrative:** The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs.

In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of palliative care national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs. DELIVER will support development and improvement of all USG implementing partner logistics system, to ensure a coordinated and streamlined approach to tracking.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	70%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PL480 Title II HIV/AIDS Feeding Program / The ACDI/VOCA

Planned Funds:

**Activity Narrative:**

The Public Law 480 (PL 480) Title II program is a USAID supported food aid development program aimed at improving food security in rural households of Uganda. In June 2001, the USAID Office of Food for Peace approved a five-year program for 2001-2006, including a new health objective to improve food security to PLHAs and their immediate families.

This activity seeks to integrate nutrition and hygiene training into the food distribution program. The integration of training is a supplementary activity to the Title II HIV/AIDS program's food distribution. Increased access to food and nutritional/hygiene knowledge/skills will improve basic home care, support and treatment for PLHAs. The training will be conducted at the already established Food Distribution Points (FDPs) before beneficiaries receive their monthly food rations.

Training will cover basic knowledge about nutrition and its importance in improved AIDS care as well as use of locally available food recipes to prepare nutritionally dense diets. The importance of basic hygiene practices such as hand washing, food preservation and safe water will also be covered. The activities under this project are linked to and strongly reinforce other HIV/AIDS treatment and palliative care interventions.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	55%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs

**Coverage Area:**

State Province: Masaka	ISO Code: UG-105
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Ntungaro	ISO Code: UG-411
State Province: Tororo	ISO Code: UG-212

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

**Activity Narrative:**

EGPAF is a non-governmental organization delivering PMTCT and ART services in various PEPFAR countries. In Uganda, EGPAF worked with MOH to launch some of the initial PMTCT sites in 2001. In FY04, EGPAF served 75,000 women with counseling and testing in 24 sites and trained 340 people.

In FY05, EGPAF will expand to 92 sites in 16 districts, train 1000 health workers, and provide C&T services to 95,000 pregnant mothers. They will continue providing support to the MOH national program for M&E.

There will be a new focus on palliative care and access for HIV+ mothers to ART through other USG supported sites. Through peer support groups, enhanced infant feeding, counseling and follow-up will be emphasized.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	50%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	92	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	92	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Women
- Caregivers
- Faith-based organizations
- Family planning clients
- Discordant couples
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IRCU / Inter-Religious Council of Uganda

Planned Funds:

**Activity Narrative:**

The Inter-Religious Council of Uganda (IRCU) is a consortium of 4 traditional religions in Uganda; Catholics, Anglican Protestants, Muslims and Orthodox. It was formed in 2001.

USAID has been providing financial and technical assistance to IRCU and its HIV/AIDS program since its inception. Support has been directed at technical assistance for institutional capacity building. USAID's overall aim is to develop the capacity of IRCU to coordinate the faith-based HIV/AIDS response in Uganda. Through Track 2.0 funds, IRCU began delivering grants to faith-based facilities to expand the delivery of critical palliative care services.

In FY05, this activity will be implemented primarily through the grants program managed by the established network of religious institutions and faith-based organizations. These include faith-based hospitals as well as independent faith-based Non-Governmental Organizations. The constituent religions under IRCU will provide oversight to the implementation and monitoring of project activities.

Religious leaders at community level including Catechists, Imams and Lay Readers will be trained in HIV/AIDS education, counseling, home care and referral. They will play important roles in linking people with HIV/AIDS into the network of care and treatment in addition to providing oversight to the implementation of activities. The countrywide network of religious institutions and structures offers a unique opportunity for Uganda to scale up HIV/AIDS palliative care services in a cost effective and sustainable way.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	5%

- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,700	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Faith-based organizations
  - Community health workers
  - Doctors
  - Nurses
  - Discordant couples
- HIV/AIDS-affected families
- Implementing organization project staff
- M&E specialist/staff
- Refugees/Internally displaced persons
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kasese	ISO Code: UG-406
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

**Activity Narrative:**

In FY04, CRD delivered palliative care services to 1750 PHAs and trained 450 care providers in conflict affected districts of Uganda.

Combined with displacement, insecurity, and dwindling of income-generating skills, PLHA struggle to provide for their families and afford the costs of care and treatment. Many PLWHAs cannot even access medical care provided at low cost at health centers and hospitals. Mortality rates rise due to curable opportunistic infections, while many patients die in pain because they cannot access therapy managed by trained personnel. Home-based care remains limited in all CRD districts, reaching a small proportion of PLWHAs. The CRD will provide PLWHAs with palliative care services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	13%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	21%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	11%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Religious/traditional leaders
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Kitgum	ISO Code: UG-305
State Province: Kotido	ISO Code: UG-306
State Province: Moroto	ISO Code: UG-308
State Province: Nakapiripit	ISO Code: UG-311
State Province: Pader	ISO Code: UG-312

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

Rakai Health Sciences Program (formerly Rakai Project ) is a 16-year collaboration between the Uganda Virus Research Institute (UVRI) of the Uganda Ministry of Health, and the researchers at Makerere University in Kampala, Columbia University and the Johns Hopkins University. As of June, 2004, the Rakai program initiated a pilot program of ARV provision through the President's emergency Program for AIDS Relief (PEPFAR), under a subgrant from CDC-Uganda to the Institute of Public Health . The Rakai Program uses a home-based strategy adapted from CDC-Tororo.

Prior to the ARV pilot program, Rakai Health Sciences Program (RHSP) established 16 community HIV/AIDS care clinics in its areas of operation. These clinics provided treatment for opportunistic infections to about 1700 patients annually.

During the pilot program insecticide treated bednets have been provided to all HIV positive persons and clean water vessels and chlorine to households of HIV positive persons for prevention of diarrhoeal diseases. As we continue to enroll more patients on the program we shall continue providing these services.

In FY05 IPH Rakai will continue providing basic care to existing and new clients as the ART program expands.

Our Counselors and some of our clinicians have received training in HIV palliative care from Hospice Uganda, and are currently offering this service to terminally ill patients. This service will be more critical as we enroll more patients onto the program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	33%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	13%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Training	3%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	16	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	16	<input type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Palliative Care: Basic health care and support  
 Budget Code: (HBHC)  
 Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** / Makerere and Mbarara University Hospitals

**Planned Funds:**

**Activity Narrative:** Makerere and Mulago Teaching hospitals received PEPFAR funding in September 2004 to implement provision of routine counseling and testing to 12,000 patients, provide basic care for 3000 patients and their family and ARVs to 1000 eligible patients.

In FY05, project activities will be expanded to provide the basic care package to 3000 HIV+ patients in the two hospitals. The package will include: cotrimoxazole prophylaxis, a safe water vessel, long-lasting insecticide treated bednets and OI prophylaxis and treatment. Training sessions for health care workers will be conducted in comprehensive HIV-related care and provision and general HIV-related basic care. In addition, links for referrals services within the hospitals will be established to ensure full care and support.

Activity Category	%-of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Human Resources	60%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	6%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	750	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	15	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults  People living with HIV/AIDS
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff



**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**      **National**

**State Province:**

**ISO Code:**

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hospice Uganda

Planned Funds:

**Activity Narrative:**

Hospice Uganda is an indigenous organization founded in 1993 to provide palliative care (end of life care and pain management) to cancer patients. In 1994 after realizing that HIV/AIDS and cancer were also closely interlinked, Hospice expanded the scope of their services to cover terminally ill AIDS patients. In 2003, 50%-60% of the patients seen at Hospice had both cancer and AIDS occurring together. Hospice approach is to bring the modern methods of pain and symptom control, counseling and spiritual support to the patient and the family. Use of oral morphine is the main strategy used by Hospice to control pain. Morphine use was first introduced in Uganda in 1993 and a National Policy on Morphine use has since been developed.

End of life care and pain management have not been prominently addressed in the realm of palliative care in Uganda. In the context of a country where access to health care is limited, families and communities have been struggling, albeit with difficulty to fill this gap. Family and community capacity is being seriously challenged due to high AIDS mortality and the emergence of complicated and agonizing symptoms such as cryptococcal meningitis.

The USG has been supporting Hospice Uganda to integrate end of life care and pain management into palliative care, through grafting this expertise into the already existing HIV/AIDS care services. To date, this intervention has been successfully implemented in six districts of Uganda, three of which are currently supported through the AIM project. Hospice has also provided technical support to the MOH to deliver morphine in 12 additional districts. This funding will scale up this intervention to cover an additional 8 districts - to be determined. In order to increase access in rural areas, Hospice plans to work through the network of faith-based organizations to train religious leaders and health providers in identification, referral and treatment of PHA. Where possible, Hospice plans to train retired medical professional resident in the community in palliative care to be able to provide the needed care in the homes.

Linkages with the Mildmay Centre through the centre's training activities at the centre that targets health care providers, counsellors and lay carers.

**Activity Category**

- Commodity Procurement
- Community Mobilization/Participation

**% of Funds**  
5%  
10%

<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	16,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	231	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	32	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	32	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Faith-based organizations
  - Community health workers
  - Medical/health service providers
- HIV/AIDS-affected families
- Implementing organization project staff
- People living with HIV/AIDS
- Spiritual leaders

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Hoima  
 State Province: Kampala  
 State Province: Mbarara

ISO Code: UG-403  
 ISO Code: UG-102  
 ISO Code: UG-410

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Expanding PHAs Role / To Be Determined

Planned Funds:

**Activity Narrative:**

Article 1 of the Paris AIDS Summit Declaration of 1994 states that "the success of national, regional and global programs to confront HIV/AIDS effectively requires the greater involvement of people living with HIV/AIDS.... Through an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS ... By ensuring their full involvement in our common response to HIV/AIDS at all - national, regional and social environments.

As the primary beneficiaries of positive prevention messages and behaviors, palliative care and ART, PLWHA networks have a significant role to play in ensuring that partners and children are tested for HIV, that basic preventive services and behaviors are practiced to slow disease progression, that palliative care and ART services are accessed and that adherence to treatment regimens is maintained. This program will work with over 40 PLWHA networks and their sub-networks to provide or ensure access to counseling and testing services; to provide or ensure access to the preventive care options including LLITNs, safe water, septrin, psychosocial support, and nutrition information; provide training, education materials and enhance social support for preventing the spread of HIV including access to condoms and other family planning methods; and provide information, education and social support for adhering to care and treatment regimens. This would be a multi-year program and the implementing partner will be chosen through a competitive process.

**Key Results:**

Increased numbers of family members of PLWHAs counseled and tested;  
Improved use of services that maintain good health among PLWHAs and their families including LLITNs, safe water, septrin prophylaxis, social support and improved nutrition; increased numbers of PLWHAs accessing prevention, care and treatment services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

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- Needs Assessment 5%
- Policy and Guidelines 5%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Area: **National**

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Social Marketing / To Be Determined

Planned Funds:

**Activity Narrative:**

As care and treatment options become more widely available in Uganda, a marketing approach will accelerate the promotion, acceptability, and use of palliative care services and products among people living with HIV/AIDS. Couples will be a key entry point for this effort, as they will be encouraged to test together and communicate with each other about their status, including their reproductive intentions, and mutual faithfulness. The motivation to seek counseling and testing services will be created through media programming, guidance and counseling within NGOs and FBOs, and in private businesses.

In addition to couples, this effort will be focused on care for PLHAs, and will be linked to other PLHA activities in the COP. The focus on PLHAs will center on increasing the availability of affordable palliative care products to a large segment of the PLHA population throughout Uganda. Clean water products, long lasting insecticide treated nets (LLITNs), multivitamins and family planning services will be promoted, marketed, and distributed throughout Uganda, using nationwide distribution systems. Information and educational materials will be developed to increase knowledge and effective use among the intended audiences. The provision of palliative care services and counseling and testing services through private sector businesses to their employees and families forms an important part of the approach to make products and services available at affordable prices. These businesses prefer to utilize a third party to promote the HIV/AIDS services to their employees, dependents and in many cases the local community.

The program will create sustainable supply and distribution systems through commercial outlets, businesses and PLHA networks for critical components of palliative care and prevention. The implementing partner will be selected through a competitive process.

An additional \$2.0 million in non-PEPFAR funds will support this activity to market palliative care services and products through the private sector to PLHAs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	195,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Business community*
- Caregivers*
- Faith-based organizations*
- Health Care Workers*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*

**Key Legislative Issues:**

Coverage Area:        **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Baylor College of Medicine

Planned Funds:

**Activity Narrative:**

The Pediatric Infectious Disease Clinic (PIDC) currently has approximately 3,000 children in active follow-up care with an estimated 750 children on antiretroviral therapy by the end of March 2005. The basic palliative care and support provided to children and adolescents attending the clinic includes monthly follow-up to monitor disease progression. This care and support is addressed through the PIDC's Paediatric HIV 10-point management plan which includes: 1)early diagnosis of HIV; 2)growth and development monitoring; 3)immunization; 4)nutrition supplementation and education; 5)aggressive treatment of acute infections; 6)prophylaxis; 7)psychosocial support and palliative care; 8)adolescent care and support; 9)mother and family care-MTCT+; and, 10)ARVs when indicated.

USG support in FY04 included training on basic care and support of HIV+ children, development of a paediatric-specific clinic database to assist in the improvement of care and follow-up, and adolescents and PIDC clinical support by visiting pediatricians from Baylor College of Medicine (twinning activity).

FY05 activities are to provide PIDC clinical support from visiting paediatricians; hire additional local clinical staff to support the growing number of children; develop 'attachement' and preceptorship program to develop the capacity of local clinicians to care for HIV+ children and adolescents in the community; and, continue pediatric-specific HIV/AIDS training in Kampala with an assesment to expand to up-country locations. Linkages to other agencies include: Child-Advocacy International to support home-based care and follow-up; Feed the Children Uganda to provide supplemental feeding to children and their families who attend the clinic; TASO to provide assistance for the development of capacity to care for and treat HIV+ children. Linkages to other services within Mulago Hospital include family VCT, care and treatment and the nutrition support unit.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	68%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	4%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	280	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

Coverage Area: **National**

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: US Department of Defense (Deferred) / US Department of Defense

Planned Funds:

**Activity Narrative:**

Although exact prevalence rates from the military are currently unknown, it is estimated that they are slightly higher than those from the civilian population. An estimated 10,000 military personnel are said to be living with HIV.

Capacity to provide quality HIV clinical care services is a challenge in the military health care facilities. This is due to drug shortages, lack of skilled manpower and inadequate training in AIDS care remain major challenges. The UPDF health care system works within a network of hospitals and healthcare centers all striving to provide basic healthcare with a minimum of resources.

The objective is to strengthen the capacity of the two main referral centers for the military with identification through VCT sites to provide diagnostics and treatment of STI's and OI's for HIV positive persons and to support the implementation of a basic care package in these areas in order to establish them as centers of excellence for the armed forces, as well as preparation to expand these basic services to other units and areas within the military health networks.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	70	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Health Care Workers
  - Medical/health service providers
- Military
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Kampala  
State Province: Luwero

ISO Code: UG-102  
ISO Code: UG-104

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:**

Up to 11 Volunteers will provide capacity building among community based organizations – faith based and other – which operate in underserved areas, to address care through improved understanding of and ability to deliver basic preventive care to people affected by HIV/AIDS. Peace Corps Volunteers partner with these organizations and undertake activities to develop organizational capacity, practice improved skills, and develop systems which increase sustainability. In addition to organizational development, activities will address ways in which to assure that clients have access to the basic preventive care package, including low/labor/low input gardening for improved nutrition, improved clean water access, wider treated bed net use among families affected by HIV/AIDS, improved sanitation and hygiene, access to daily cotrim prophylaxis, and in-house access, or referral, to treatment and prevention services.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or-referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Caregivers        | <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> HIV/AIDS-affected families         |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Faith-based organizations     | <input checked="" type="checkbox"/> Host country national counterparts |

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Volunteers

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Kabarole	ISO Code: UG-405
State Province: Kamuli	ISO Code: UG-205
State Province: Kamwenge	ISO Code: UG-413
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungara	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue (Deferred) / International Rescue Committee

Planned Funds:

**Activity Narrative:**

Subgrants will be provided to faith and community based groups to deliver palliative care services to people living in conflict affected districts. Grantees will also facilitate the delivery of basic care options, to delay progression of illness (including cotrim, safe water, and long lasting insecticide treated nets).

Special emphasis will be placed on improving referral systems and follow-up care between VCT, palliative care and treatment centers.

Many activities will be delivered through IDP camps. This activity will complement FY05 activities.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	322	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Faith-based organizations
- HIV/AIDS-affected families
- Refugees/Internally displaced persons
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Bundibugyo  
State Province: Gulu  
State Province: Kasese

ISO Code: UG-401  
ISO Code: UG-304  
ISO Code: UG-406

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Joint Clinical Research Center, Uganda / Joint Clinical Research Center, Uganda

Planned Funds:

**Activity Narrative:**

JCRC is an indigenous and the first NGO to provide ART in Uganda. It is currently providing ART to 23,000 people at 22 sites, through a collaboration with MOH and NGOs funded by the USG.

In FY05, 30 sites will be supported to integrate quality ART in MOH system. A partnership with CDC/UVRI to ensure coverage of laboratory services is in place.

All clients reporting for HIV/AIDS clinical care at one of the 30 JCRC supported sites will be tested and treated for opportunistic infections, including TB and STIs, and will receive CD4 count and clinical assessment. For those HIV+ clients who do not require ART, the 30 JCRC direct and satellite sites will receive preventive care such as cotrimoxazole and a package of preventive and palliative services either through the health facility or in partnership with other AIDS service organizations and groups working with the health facilities. Many of the clients will be able to receive palliative care through lower level centers at the district level, including PMTCT sites and outpatient clinics.

With increased demand for ART drugs, there will be an observed increase in the amount of opportunistic infections (OIs) drugs especially cotrimoxazole, leading to constant stock-outs of these drugs. JCRC will help develop improved supply mechanisms to ensure basic stock to treat OIs are in place.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%



<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Military
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Widows

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Gulu	ISO Code: UG-304
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kotido	ISO Code: UG-306
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

Makerere University Walter Reed Project (MUWRP) / Walter Reed

Planned Funds:

Activity Narrative:

The Makerere University Walter Reed Project (MUWRP) is funded through a contract with the Henry M. Jackson Foundation (HJF) as part of the US Military HIV Research Program (USMHRP) funded through the DoD and DAIDS/NIH. The primary purpose of MUWRP is to develop and test HIV vaccines from early phase I testing to phase III efficacy testing. In this process, HIV infected populations are identified and staged. It is critical to encourage testing and HIV care outside of the circumscribed research populations to ethically proceed with vaccine evaluative research. MUWRP is developing a new cohort in Kayunga district and initially will scale up the VCT, ANC and PMTCT sites including the Northern county. The next step will be to recruit approximately 2000 volunteers to prospectively determine incidence and prevalence. The research study will provide HIV staging/monitoring, OI prophylaxis, treatment for STIs, minor ailments and malaria free of charge. PEPFAR funding will support the HIV infected non cohort participants and the HIV infected district Health Care personnel and their families by providing HIV stage/monitoring, OI prophylaxis, treatment for STIs as well as palliative care in form of pain control and psychosocial support. Suspected TB cases will be referred to Kayunga Hospital.

HIV positives who are not eligible for ARVs will be followed up with clinical and CD4 monitoring. Treatment for minor opportunistic infections, malaria and STDs will be provided. Suspected TB cases will be referred to the district TB program. Palliative care in form of pain control and psychosocial support will be provided.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	3%

**Targets:**

Not Applicable

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Number of individuals provided with general HIV-related palliative care	655	<input type="checkbox"/> Not Applicable
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Number of individuals trained to provide general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
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Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
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Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
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**Target Populations:**

- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Kayunga

ISO Code: UG-112

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

Mildmay is a faith-based NGO providing comprehensive HIV/AIDS palliative care services. In FY04, through Track 1.5 PEPFAR funding, over 6000 PHAs received basic care, 1000 of these served at Mbuya Reach-Out HIV AIDS community initiative. This comprised of cotrimoxazole prophylaxis, provision of insecticide treated nets, and treatment of OIs. Mildmay has a special interest in palliative care for children suffering from HIV/AIDS.

In FY05, provision of basic care will be continued for existing clients and the service will be extended to all new clients. There is a plan to expand the services to a third site in the next year.

Mildmay is closely linked with the emerging field of palliative care in Africa, with direct links by Mildmay into the palliative care country team for Uganda, the Palliative Care association of Uganda, and the African Palliative Care association.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	12%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	47%
<input checked="" type="checkbox"/> Infrastructure	19%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	11%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	3,400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Women
- Business community
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Orphans and other vulnerable children
- Girls
- Boys

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

**Coverage Area:**

State Province: Kampala	ISO Code: UG-102
State Province: Kayunga	ISO Code: UG-112
State Province: Luwero	ISO Code: UG-104
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Wakiso	ISO Code: UG-113

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Routine Counseling and Testing in Two District Hospitals / Research Triangle International

**Planned Funds:**

**Activity Narrative:**

Research Triangle International (RTI) has over 40 years of experience in implementing health projects in seventy countries. With expertise in providing technical assistance in local capacity building, strengthening of health service delivery systems, and facilitating decentralized health services, RTI brings an expertise to the establishment of routine HIV/AIDS counseling and testing systems into two district hospital settings.

Funds received in late FY04 allowed RTI to establish Uganda country office presence and operationalize partnerships with sub-partners, key service provider organizations and the MOH.

In FY05, RTI will develop a full steering committee to guide and oversee all project interventions for RCT and the provision of basic care. A situational analysis to determine the current knowledge and practices of CT activities in district hospitals will be conducted. A training needs assessment to determine the levels of hospital health care providers will also be undertaken. Together, these activities will provide the basis for developing protocols, training manuals and standard operating procedures for RCT and basic care practices in the two district hospitals. RCT will be fully established in the two districts hospitals by the end of FY05.

Linkages to effective internal hospital and required external referral systems will be established to be fully functional within the first six months of FY05. Systems for monitoring quality of services and data collection and analysis will be designed, programmed and fully functional within eight months.

**Activity Category**

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	6,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	150	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Midwives
- HIV/AIDS-affected families
- Ministry of Health staff

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

**Coverage Area:**

State Province: Kaberamaido  
State Province: Mpigi

ISO Code: UG-213  
ISO Code: UG-106



Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Northern Corridor Program/Uganda Section / Family Health International

Planned Funds:

[Empty box]

Activity Narrative:

The six transit sites on the Ugandan side of the border with Kenya (Busia, Malaba, Mbarara, Kagitumba, Katuna) are fluid and transient and contribute to higher risk behaviour for HIV/AIDS. For example, farmers are in and out delivering their goods, there are disproportionately larger numbers of young women (not only sex workers, but also traders, lodge workers), there may be refugees, petty traders, OVC, etc. Data in 1997 from Uganda by Pickering and Nunn reported that only 53 percent of residents were still present after 3 years, thus people who lived in a high transmission area may have moved to a lower prevalence area. A reduction in transmission in these environments will likely have a real spill-over contribution beyond the corridor sites. These populations and sites are underserved by on-going, discrete projects. With higher risk behavior and alternate wives/girlfriends and sex workers along well traveled routes, there is a great need to ensure counseling and testing linked to care for these groups, as well as prevention for HIV positive individuals and high risk.

This program will be jointly funded by Kenya (confirmed) and Sudan (TBD). The program will deliver prevention, counseling and testing and care in Busia, Malaba, Mbarara, Kagitumba, Katuna. Specific interventions will build on activities that are currently fragmented and will target high-risk mobile population (truck drivers/assistants and sex workers) with counseling, testing and prevention activities and services while identifying PLWHA for care and treatment services. The program will mobilize and link the target groups and resident population to sources of prevention messages, VCT, care and treatment. The proposed program is a multisectoral intervention along transport corridors; not a truck drivers intervention. This is an important distinction focusing on the site and as many contributing factors as possible because these geographic areas with their truck stopovers, trading centers, border crossings tend to be historically sites of higher prevalence than the rural areas off the corridors, and higher than the national/provincial averages.

The program will actively link the transport community into existing VCT, counseling, care and support - including client counseling and support for people on OI/ART treatment and will counsel and test 40,000 men and 25,000 women. Those who are HIV+ will receive care, support and/or treatment. For truck drivers, they will be linked in through their companies and home sites. As ART becomes more widely available, building in an "international treatment passport" concept that would provide a safety net for drivers who ran out of drugs along the route is a possibility.

Activity Category

Community Mobilization/Participation

% of Funds

15%

- Development of Network/Linkages/Referral Systems 35%
- Information, Education and Communication 15%
- Linkages with Other Sectors and Initiatives 5%
- Quality Assurance and Supportive Supervision 20%
- Strategic Information (M&E, IT; Reporting) 5%
- Workplace Programs 5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	180	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Commercial sex industry
- Community leader
- Community members
- Community-based organizations
- Truckers

**Key Legislative Issues:**

**Coverage Area:**

State Province: Busia	ISO Code: UG-202
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Mbarara	ISO Code: UG-410
State Province: Ntungaro	ISO Code: UG-411
State Province: Tororo	ISO Code: UG-212

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. USG support in FY05 will facilitate the implementation of the scale-up program for HIV/AIDS care, prevention and treatment activities.

The following are key care activities that will be addressed:

- treatment of Opportunistic infections and Sexually Transmitted Infections (STIs)
- education on proper nutrition and psychosocial support
- home-based care and palliative care
- hold Stakeholders' consultations on basic care elements including; cotrimoxazole prophylaxis, use of safe water vessels and new counseling and testing approaches.
- finalize policy and guidelines for septrin prophylaxis
- policy and guidelines on safe water
- palliative and home-based care

The MOH will provide leadership and work with care services in the private, NGO, FBO and other sectors.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	9%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Needs Assessment	6%
<input checked="" type="checkbox"/> Policy and Guidelines	11%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	9%
<input checked="" type="checkbox"/> Training	23%

Workplace Programs

1%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	80,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	280	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	280	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Commercial sex workers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
  - Refugees/Internally displaced persons
- National AIDS control program staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- University
- Sex partners
- Widows

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Education Sector HIV/AIDS Worksite Program / To Be Determined

Planned Funds:

**Activity Narrative:**

HIV/AIDS is taking its toll in the education sector because teaching and non-teaching staff and learners are being infected and/or affected by HIV/AIDS. The Government of Uganda and education stakeholders are seriously concerned about the direct and indirect consequences of HIV/AIDS on education workplace. In response to this, as part of the Education Sector Policy on HIV/AIDS, the MOES has developed a component to address HIV/AIDS in the workplace, with a major focus on MOES employees, managers, tutors, teachers and support staff. Through this policy, the MOES will develop and implement innovative approaches to ensure that its employees receive critical counseling and testing as well as care and treatment services. Focus will be on developing and disseminating prevention messages with the existing structure, recruiting employees into testing and strengthening access to care and treatment. It is envisaged that this will set a precedent and provide guidance both to other sectors and to institutions within the education sector wanting to become more active in workplace interventions.

**Media**

-Technical support to the education sector employees to counsel and to remain faithful.

**Outreach**

-Print and package resources /advocacy material for the education sector employees to promote AB, VCT, and palliative care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	12%
<input checked="" type="checkbox"/> Workplace Programs	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community members
- Government workers
- HIV/AIDS-affected families
  - Primary school
- Teachers

**Key Legislative Issues:**

- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Basic Care Package / To Be Determined

Planned Funds:

Activity Narrative:

The FY04 deferred amount is to support the final development of the basic care package components and educational materials for distribution to all implementing partners in FY05.

Through PSI; cotrimoxazole; safe water products; long lasting insecticide treated nets (LLITNs), multivitamins and referrals to nutritional supplementation will be promoted and distributed throughout Uganda, using nationwide distribution systems. Information and educational materials for providers and clients will be developed to increase knowledge and effective use.

Acceptability and use of palliative care services and products among people living with HIV/AIDS shall be promoted through media and counseling and testing service providers. Couples will be a key entry point for this effort, as they will be encouraged to test together and communicate with each other about their status, including their reproductive intentions, and mutual faithfulness.

**Activity Category**

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Policy and Guidelines	30%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:



Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/ART / Catholic Relief Services

Planned Funds:

Activity Narrative: The outlets/programs providing general HIV Palliative Care under this grant will be ART and HBC sites.

These sites will provide palliative care to a total of 5,300 patients. This request will only be a contribution to a wider palliative care CRS intervention in Uganda, funded with private funds.

CRD food supplements are provided in Lacor St Mary's Hospital, Gulu. All Point Of Service have comprehensive care for patients, including counseling, testing and support.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable

Target Populations:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Men               | <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Implementing organization project staff |
| <input checked="" type="checkbox"/> Women             | <input checked="" type="checkbox"/> Faith-based organizations     | <input checked="" type="checkbox"/> M&E specialist/staff                    |
| <input checked="" type="checkbox"/> Caregivers        | <input checked="" type="checkbox"/> Health Care Workers           | <input checked="" type="checkbox"/> People living with HIV/AIDS             |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> HIV/AIDS-affected families    |   |

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Gulu	ISO Code: UG-304
State Province: Kampala	ISO Code: UG-102
State Province: Kitgum	ISO Code: UG-305
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

**Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

This activity falls within the purview of the Refugee and Migration Office. The activity will support the expansion of palliative care in two refugee camps in Masindi and Yumbe Districts with a total population of 23,000 Sudanese and 21,000 Ugandan's in the surrounding community. There is an existing structure supporting basic health and community initiatives and will build on this structure. HIV+ will receive OI/STI diagnosis and management, wellness programs for PHAs, home based services for PHAs, capacity building for health care providers in facilities and provide safe water, cotrimoxazole and LLITNs.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	7%
<input checked="" type="checkbox"/> Local Organization Capacity Development	9%
<input checked="" type="checkbox"/> Needs Assessment	4%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	29%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	75	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	40	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Refugees/internally displaced persons
- People living with HIV/AIDS
- Religious/traditional leaders
- Volunteers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.8: PROGRAM PLANNING OVERVIEW**

Result 1: Strengthened strategic leadership of Ministry of Gender, Labour and Social Development

Result 2: Expanded access to comprehensive, evidence-based programming for OVC

Result 3: Capacity of OVC providers to implement quality programming enhanced

Result 4: Designed and developed national monitoring and evaluation system

Total Funding for Program Area (\$):

**Current Program Context:**

With over 2 million orphans living in Uganda, 50% of which are estimated to be a result of HIV/AIDS, donor efforts are focusing on improving the capacity of families and communities to better meet their needs as well as those of OVCs. UNICEF and the USG have served as the lead donors providing technical and financial assistance to the Ministry of Gender, Labour and Social Development (MGLSD). This assistance led to a situation analysis (2001/2) and to completion of a national policy and implementation plan, currently under review with the Cabinet. With technical support from the USG, the MGLSD/GOU submitted two successful applications to the Global Fund to scale-up support for OVC activities, totaling  Round 1 resources totaling approximately  have recently been released to districts and NGO/CBOs. The World Bank funded Multicountry AIDS Program (MAP) also supports OVC activities through community HIV/AIDS initiatives (CHAI) at the grassroots level. The MAP mid-term review in June 2004 indicated that 44% of CHAI resources had been spent on education support for OVCs in 31 districts. In line with the National Strategic Framework for HIV/AIDS and the National OVC Policy and Implementation Plan, USG support has focused on strengthening the capacity of civil society and faith-based organizations to effectively respond to the OVC crisis. Efforts to support families and OVCs have been implemented through several USG programs. For instance, support to TASO focuses on formal and nonformal education for children of TASO clients, as well as psychosocial support training for teachers; a grants program through the Inter-religious Council of Uganda has provided grants to more than 30 faith organizations to care for OVCs; support to the Hope for African Children Initiative also provides grants to civil society and faith groups for OVC care, and the AIM program has provided more than 45 grants at national level and throughout 16 districts. Most of the USG supported activities will continue in year 05, however, they will scale up their support technically and geographically where feasible, and in regard for coordination needs and avoiding duplication. The MGLSD is concerned at the lack of quality assurance in the design and implementation of most OVC programs; and has identified the need to develop tools and job aids to assist service providers at the district and community level. There needs to be a particular focus on addressing the comprehensive needs of an orphan, beyond educational support, as well as to ensure effective support is provided. There will also be improved coordination efforts at the national and district level to avoid or correct duplications in services and to identify and address gaps, as well as to strengthen public private partnerships between government, faith organizations and civil society. Monitoring and support will be key in FY05 both in the development of a national system but also in ensuring community participation in data collection and reporting.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

AIM's support to date for OVC has focused on providing grants at the community level for organizations, primarily FBOs, which are supporting OVC. It is important to note that the majority of organizations request assistance to provide scholastic support and some income generation activities. Though these activities are important, they do not support a comprehensive approach to OVC care, and often do not work with local leaders and community groups to ensure that the most vulnerable populations are being cared for.

In support of the national policy and implementation plan for OVC in Uganda, AIM has been working closely with the Ministry of Gender, Labour and Social Development, UNICEF and other national stakeholders to develop a tool kit that will be used by service providers and district government officials to provide them with current up to date information on OVC programming, including the multisectoral, holistic approach (10 core interventions) that should be afforded to each child, guidelines, training materials, job aides, monitoring and evaluation tools, etc. These kits will be finalized and disseminated, with training, during FY05. AIM is also working with a national NGO, the Uganda Women's Efforts to Save Orphans (UWESO) in order to strengthen their delivery of services, at the district level, as well as to train other civil society organizations supporting OVC, primarily in the area of psychosocial support. Although approximately 50% of orphans are a result of HIV/AIDS, UWESO does not incorporate HIV/AIDS prevention messages or linkages to care and support within their activities. AIM will continue to work closely with UWESO to ensure that HIV/AIDS is an integral part of OVC programming. AIM will also continue to work closely with CBOs and FBOs at the community level to ensure programming is technically sound and linked with other initiatives in a given catchment area.

OVC activities are in line with national guiding principles including: strengthening family and community capacity to provide OVC with a more comprehensive package of services as well as empowering older OVC to care for themselves through life skills training, vocational training and income-generation activities; community identification at subcounty and parish levels of eligible children and culturally appropriate interventions, child participation in planning at the community level. AIM also has a strong focus on children under 5, which involve integrating OVC activities at the community level with community health workers to ensure access to immunization, growth monitoring and identifying children who need to be tested and referred for care and treatment services. OVC programming will also integrate abstinence messages and activities.

With a significant portion of AIM districts in conflict affected districts, IDP camps will be a key focal point for OVC interventions in these districts.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	28%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	92	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	68,800	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	12,205	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- Refugees/Internally displaced persons
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Policy makers
- Teachers
- Widows

**Key Legislative Issues:**

- Reducing violence and coercion
- Stigma and discrimination

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313



Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: TASO USAID / The AIDS Support Organization

Planned Funds:

**Activity Narrative:**

In FY04, TASO reached over 1500 orphans and vulnerable children. Most of these children are child-headed households. These OVCs benefitted from vocational training to support themselves and their families. Communities/teachers also benefitted from child counselling skills - as the child counselling course is incorporated at training centers.

These OVCs are mainly children of TASO clients (existing and deceased), and are identified on a needs basis to receive scholastic support and vocational training. The scholastic support includes innovative approaches to strengthen the infrastructure of a school, instead of paying school fees, and ensuring the education of a child. Teachers are also trained in psychosocial support needs and life skills, which also benefit other non-TASO supported children.

Vocational training is provided to older adolescents and has proven effective in developing sustainable skills for strengthening household income. Many of these older children are responsible for caring for a sick parent and siblings, or are now the head of household.

HIV+ children also access palliative care and treatment services through TASO.

Referrals and linkages are made to other OVC care service providers as needed.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	7%
<input checked="" type="checkbox"/> Local Organization Capacity Development	7%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	12%
<input checked="" type="checkbox"/> Training	50%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	33	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	2,090	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,300	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers*
- Community members*
- HIV/AIDS-affected families*
- Orphans and other vulnerable children*
- Students*

 *Teachers* *Volunteers***Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

**Activity Narrative:**

Support to OVCs will be facilitated through assistance to CSOs, addressing life skills, livelihood training support through school fees and food support from other developmental partners.

Through the CSOs, OVCS will be linked up with other HIV/AIDS services in areas of treatment, VCT and treatment of OIs as well as long term psychosocial support to them and their supporting families and communities.

Through the scale up of memory book writing and will making, OVCs will be assisted to work with their guardians in compiling and keeping family memories and information for the sake of family continuity.

In support of national efforts to develop a monitoring and evaluation system, data tracking systems will be developed in the 12 UPHOLD supported districts to streamline OVC related data for more coordinated and strategic planning and resource allocation.

One national level NGO will be identified to provide technical support and capacity building to CSOs implementing OVC related activities. Key activities will include training in provision of home and community based care, and, monitoring and developing long term and sustainable interventions to address needs of OVCs. This will be coordinated with AIM's support to national NGOs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	13	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	50,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	15,000	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Widows

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Rakai	ISO Code: UG-110
State Province: Wakiso	ISO Code: UG-113

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: The Core Initiative / CARE International

Planned Funds:

**Activity Narrative:**

This 4-year program is to expand targeted HIV/AIDS services for youth and critical services for orphans and vulnerable children by facilitating collaboration between the Government of Uganda (GOU) and civil society. Specifically, this includes: strengthening the capacity of the Ministry of Gender, Labor and Social Development (MGLSD) to provide strategic direction, coordination, and monitoring of the overall response to orphans and vulnerable children (OVC), which includes strengthening links to districts and civil society responses; establishing granting mechanisms to civil society organizations (CSOs) to improve coordination and extend services to OVC and youth prevention services; provide capacity building and technical support to CBOs/FBOs/NGOs for improving program quality and scaling-up youth prevention, and care and support activities for orphans and vulnerable children.

FY05 activities include: strengthening communities and families to respond to the needs of vulnerable children; strengthening the capacity of the MGLSD, local government as well as civil society to effectively plan, implement and monitor the national response to OVC; fostering the implementation of the national OVC policy and implementation plan, addressing issues of stigma and discrimination and strengthening systems such as training and human resources that are directly supporting HIV/AIDS programs.

This activity is linked with the CORE Initiative's granting mechanism for AB.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	3,000	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Community-based Organizations
- Faith-based organizations
- HIV/AIDS-affected families
- M&E specialist/staff
- Ministry of Health staff
- Orphans and other vulnerable children
- Widows

**Key Legislative Issues:**

- Reducing violence and coercion

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IRCU / Inter-Religious Council of Uganda

Planned Funds:

**Activity Narrative:**

There are over 2 million orphans in Uganda; at least half due to HIV/AIDS. Addressing the care and social development needs of orphans has become an issue of crisis proportions. The Inter Religious Council of Uganda is an innovative consortium of the four major religious bodies in Uganda - Catholic, Anglican, Orthodox and Muslim - and through their respective structures have able leverage their engagement with communities. USAID has been providing financial and technical assistance to IRCU and its HIV/AIDS program since its inception. Support has been directed at technical assistance for institutional capacity building as well as, beginning in 2003, sub-grants to FBOs to implement OVC interventions. USAID's overall aim is to build the capacity of IRCU to coordinate the overall faith-based HIV/AIDS response in Uganda.

This activity seeks to increase access of OVC to essential services critical to their social, human, spiritual and economic growth and realization of their rights as children. Religious institutions, structures and faith-based organizations will be the key implementers of the activities. FBO strength in this areas draws from their close and consistent contact with families and communities affected by HIV/AIDS. They are well placed to identify children in vulnerable situations, deliver services and monitor the progress of children. Although activities will directly target OVC, families and communities where these children live will be the focal points.

Planning of activities will be informed by positive elements of the Ugandan culture, religious values and indigenous knowledge that offer the framework within which child growth and development occurs. OVC services will be linked to other HIV/AIDS activities such as life skills and abstinence programs for prevention as well as care and treatment activities to support children who are living with HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	55%

**Targets:**

Not Applicable

Number of OVC programs 30  Not Applicable

Number of OVC served by OVC programs 15,000  Not Applicable

Number of providers/caretakers trained in caring for OVC 15,120  Not Applicable

**Target Populations:**

- Adults
- Community leader
- Community members
- Faith-based organizations
- HIV/AIDS-affected families
- M&E specialist/staff
- Orphans and other vulnerable children
- Religious/traditional leaders
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

**Coverage Area:**

State Province: Bushenyi	ISO Code: UG-402
State Province: Gulu	ISO Code: UG-304
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabarole	ISO Code: UG-405
State Province: Kalangala	ISO Code: UG-101
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kapchorwa	ISO Code: UG-206
State Province: Kumi	ISO Code: UG-208
State Province: Kyenjojo	ISO Code: UG-415
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Wakiso	ISO Code: UG-113



Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

**Activity Narrative:**

To help mitigate the effects of AIDS and conflict, the CRD will support education and vocational training for orphans and other vulnerable children. The identification of the clients will be done in partnership with community-based organizations and district community development and/or education offices. Clients who receive educational/vocational support will also receive basic medical and nutritional support. At the community level, the CRD will support improvements to educational facilities and sensitize leaders and wider communities on the needs for care and social support of OVCs. In addition, identified children and their households will be able to access business skills training plus grants, to initiate income-generating activities towards improving their capacities to support their families, building their self-esteem, and improving their nutritional status.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	17%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	24%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	4	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	450	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	70	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community-based organizations
- Medical/health service providers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Trainers
- Widows

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Kasese	ISO Code: UG-406
State Province: Kotido	ISO Code: UG-306
State Province: Moroto	ISO Code: UG-308
State Province: Nakapiripit	ISO Code: UG-311

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: OVC Track 1/Round 2 / Salvation Army

Planned Funds:

Activity Narrative: This activity is funded under OVC APS, Round 1/Track 2. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

Activity Category % of Funds

Targets:

Not Applicable

Number of OVC programs 0  Not Applicable

Number of OVC served by OVC programs 1,080  Not Applicable

Number of providers/caretakers trained in caring for OVC 0  Not Applicable

**Target Populations:**

- Caregivers
- Community members
- Community-based organizations
- Orphans and other vulnerable children

**Key Legislative Issues:**

Coverage Area: National

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: OVC Track 1/Round 2 / Africare

Planned Funds:

[ ]

Activity Narrative:

This activity is funded under OVC APS, Round 1/Track 2. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

Activity Category

% of Funds

Targets:

Not Applicable

Number of OVC programs

0

Not Applicable

Number of OVC served by OVC programs

0

Not Applicable

Number of providers/caretakers trained in caring for OVC

0

Not Applicable

Target Populations:

- Caregivers
- Community members
- HIV/AIDS-affected families
- Orphans and other vulnerable children

Key Legislative Issues:

- Increasing women's legal protection

Coverage Area:

State Province: Ntungaro

ISO Code: UG-411

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: OVC Track 1/Round 2 / Associazione Volontari per il Servizio Internazionale

Planned Funds:

Activity Narrative:

This activity is funded under OVC APS, Round 1/Track 2. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

Activity Category

% of Funds

Targets:

Not Applicable

Number of OVC programs

0

Not Applicable

Number of OVC served by OVC programs

5,951

Not Applicable

Number of providers/caretakers trained in caring for OVC

0

Not Applicable

Target Populations:

- Community-based organizations
- HIV/AIDS-affected families
- Orphans and other vulnerable children

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Gulu

ISO Code: UG-304

State Province: Kitgum

ISO Code: UG-305

State Province: Pader

ISO Code: UG-312

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: OVC Track 1/Round 2 / Plan Uganda

Planned Funds:

Activity Narrative:

This activity is funded under OVC APS, Round 1/Track 2. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

Activity Category

% of Funds

Targets:

Not Applicable

Number of OVC programs

0

Not Applicable

Number of OVC served by OVC programs

0

Not Applicable

Number of providers/caretakers trained in caring for OVC

0

Not Applicable

Target Populations:

- Caregivers
- Community leader
- HIV/AIDS-affected families
- Orphans and other vulnerable children

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

State Province: Kampala  
State Province: Kamuli  
State Province: Luwero  
State Province: Tororo

ISO Code: UG-102  
ISO Code: UG-205  
ISO Code: UG-104  
ISO Code: UG-212

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: OVC Track 1/Round 2 / Christian Aid

Planned Funds:

Activity Narrative: This activity is funded under OVC APS, Round 1/Track 2. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

Activity Category % of Funds

Targets:

Not Applicable

Number of OVC programs 0  Not Applicable

Number of OVC served by OVC programs 1,300  Not Applicable

Number of providers/caretakers trained in caring for OVC 0  Not Applicable

**Target Populations:**

- Community members
- Community-based organizations
- HIV/AIDS-affected families
- Orphans and other vulnerable children

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs

**Coverage Area:**

State Province: Gulu	ISO Code: UG-304
State Province: Katakwi	ISO Code: UG-207
State Province: Kitgum	ISO Code: UG-305

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: OVC Track 1/Round 1 / Opportunity International

Planned Funds:

Activity Narrative: This activity is funded under OVC APS, Round 1/Track 1. USG/Uganda is working with its partners to integrate this activity into its larger Mission portfolio.

The expected key results of this activity are:

- To mobilize communities to respond to the shelter needs of OVC and their families;
- To provide or improve shelter for OVC and their families;
- To strengthen the capacity of communities to provide sustainable support and protection for vulnerable children and households;
- To strengthen the capacity of OVC to provide for their own needs;
- To expand the provision of micro finance services to a much larger number of families taking in and caring for Orphans and Vulnerable Children;
- To provide access by clients to HIV/AIDS prevention and care resources by care and support organizations; and
- To economically empower women through strengthening their businesses so that they have options in life to avoid risky relationships.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	66%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	2%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	20	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	9,600	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,080	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Implementing organization project staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Trainers
- Widows
- Women of reproductive age
- Youth



**Key Legislative Issues:**

- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Volunteers
- Stigma and discrimination

**Coverage Area:**

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State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Kamuli	ISO Code: UG-205
State Province: Kasese	ISO Code: UG-406
State Province: Luwero	ISO Code: UG-104
State Province: Masindi	ISO Code: UG-409
State Province: Mbarara	ISO Code: UG-410
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungaro	ISO Code: UG-411
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412

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Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps / US Peace Corps

Planned Funds:

**Activity Narrative:** A major portion of this program is capacity building by up to 5 Volunteers among organizations – faith based and other community based organizations – in planning, record keeping, and monitoring/evaluation; and assistance in establishing systems for networking and referral to insure complete care provision, and to link with treatment facilities.

This program area also supports activities implemented by up to 5 additional Volunteers and their partner organizations to train and assist caregivers and children in acquiring and using the basic preventive care package, including clean water, improved nutrition, hygiene, malaria prevention, daily cotrim prophylaxis, and access to necessary income and livelihoods, either through their own services or through linkages with other local service providers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

Target	Value	Applicable
Number of OVC programs	6	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,200	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	600	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Traditional healers
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Primary school
- Secondary school
- Trainers
- Widows
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Kabarole	ISO Code: UG-405
State Province: Kamuli	ISO Code: UG-205
<del>State Province: Kamwenge</del>	<del>ISO Code: UG-413</del>
<del>State Province: Kibale</del>	<del>ISO Code: UG-407</del>
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: The Core Initiative (Deferred) / CARE International

Planned Funds:

Activity Narrative:

The CORE Initiative is providing technical assistance, capacity building and financial resources to support the Ministry of Gender, Labor and Social Development develop toolkits, which include policies, training materials, guidelines, M&E; and job aids for improved delivery of OVC programming.

This activity will complement work completed by the AIM program and other FY05 Core activities and will work through multisectoral stakeholder working groups. Once completed, service providers will be trained accordingly.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	750	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Host country national counterparts
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community Resilience and Dialogue (Deferred) / International Rescue Committee

Planned Funds:

**Activity Narrative:**

Specifically to support OVC and families with education and training, skill training and apprenticeships to increase social and psychological well-being as well as increase skills to generate income. Psychosocial and emotional support to caregivers will also be provided. Community and faith based groups will receive financial and technical capacity building to improve quality service delivery.

Special emphasis will be placed on coordinating collaborative responses at the community level to improve access to comprehensive, holistic approach to OVC care.

The needs of HIV infected and affected children and youth will be integrated into broader efforts supporting community-based care for PHAs.

HIV prevention messages and behavior change activities will be integrated into existing programs.

Many services will be offered through IDP camps and rehabilitation centers for returned child soldiers.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	885	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	140	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Faith-based organizations  | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Health Care Workers        | <input checked="" type="checkbox"/> Orphans and other vulnerable children                         |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families |   |

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Gulu	ISO Code: UG-304
State Province: Kasese	ISO Code: UG-406
State Province: Kitgum	ISO Code: UG-305
State Province: Pader	ISO Code: UG-312

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

Linkages with other sectors and initiatives are a major component of this activity category. The emphasis will be on economic development activities such as through the Savings and Lendings Association methodology and business skills trainings and small grants.

Additional staff will need to be hired to oversee the economic development component of this activity category.

The reduction in poverty at household level will lead to reduced vulnerability of women and children, improved access to social services, such as education and health, and improved general health outcomes.

In addition, options will be explored to improve the food security of OVCs and their families/caregivers. Such options might include support with seeds and tools, direct food support to affected households as well as access to income-generating opportunities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	18%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	41%
<input checked="" type="checkbox"/> Local Organization Capacity Development	13%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Training	19%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	300	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	50	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers  Youth
- Community-based organizations
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Widows

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

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**Coverage Area:**

State Province: Masindi  
State Province: Yumbe

ISO Code: UG-409  
ISO Code: UG-313



Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:** This activity is to support grassroots programs in the delivery of HIV/AIDS services. Financial and technical support will be provided to community and faith-based projects providing HIV/AIDS services at the grassroots level. The focus will be on community support to orphans and people living with HIV/AIDS. The initiative will help strengthen Uganda's network model.

Note: Since this is a micro-projects scheme with rolling approvals, we do not know the sub-partners yet.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Caregivers                    | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Caregivers                    | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Religious/traditional leaders         |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Religious/traditional leaders         |
| <input checked="" type="checkbox"/> Disabled populations          | <input checked="" type="checkbox"/> Primary school                        |
| <input checked="" type="checkbox"/> Disabled populations          | <input checked="" type="checkbox"/> Primary school                        |
| <input checked="" type="checkbox"/> Faith-based organizations     | <input checked="" type="checkbox"/> Teachers                              |
| <input checked="" type="checkbox"/> Faith-based organizations     | <input checked="" type="checkbox"/> Teachers                              |
| <input checked="" type="checkbox"/> Community health workers      | <input checked="" type="checkbox"/> Widows                                |
| <input checked="" type="checkbox"/> Community health workers      | <input checked="" type="checkbox"/> Widows                                |
| <input checked="" type="checkbox"/> Street youth                  | <input checked="" type="checkbox"/> Youth                                 |
| <input checked="" type="checkbox"/> Street youth                  |   |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families    |   |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families    |   |

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

**Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: US Department of State (Deferred) / US Department of State

Planned Funds:

**Activity Narrative:** This activity is to support grassroots programs in the delivery of HIV/AIDS services. Financial and technical support will be provided to community and faith-based projects providing HIV/AIDS services at the grassroots level. The focus will be on community support to orphans and people living with HIV/AIDS. The initiative will help strengthen Uganda's network model.

Note: Since this is a micro-projects scheme with rolling approvals, we do not know the sub-partners yet.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	200	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community-based organizations
- Disabled populations
- Faith-based organizations
  - Community health workers
  - Street youth
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Religious/traditional leaders
  - Primary school
- Teachers
- Widows

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.10: PROGRAM PLANNING OVERVIEW**

Result 1: RESULT DELETED

Result 2: RESULT DELETED

Result 3: Strengthened pharmaceutical and commodities management to support expanded access to ART at USG supported and Ministry of Health sites.

Result 4: Expanded ARV treatment for over 39,000 HIV positive individuals in USG supported sites

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+

0

Percent of Total Funding Planned for Drug Procurement

81.7

Total Funding for Program Area (\$):

**Current Program Context:**

In Uganda at the beginning of 2004, 10-15,000 individuals were estimated to be receiving ART through non-governmental organizations (NGO) and private providers. By the end of 2004 over 30,000 people were receiving ART in Uganda with 24,410 receiving such services through direct support from USG and others through Ministry of Health sites supported by the World Bank Multi-Country AIDS Program (MAP) and through private for profit providers. The Government of Uganda is coordinating the national ART roll out in the public and private/NGO sectors. In 2004, with support from the World Bank (MAP) the Government of Uganda provided approximately 1200 people with ARVs and plans to provide an additional 1500 people with ARVs in 2004. The Global Fund for AIDS, TB and Malaria (GFATM) in Uganda approved  for ARV drugs in 2004 with an additional  approved for Year 2. The GFATM procurement has been delayed but is expected that the program will provide ARVs for 11,000 people in 2005. The World Bank/MAP provided ARVs to the Ministry of Health, distributed through the National Medical Stores (NMS) system. In 2004 the USG provided technical assistance to the Ministry of Health to design and begin implementing the national ART logistics system. In addition, USG provided technical assistance to design the USG supported Joint Clinical Research Program ARV logistics system. Currently in Uganda the majority of ARVs are procured through Medical Access Ltd., a non-profit NGO begun under the Drug Access Initiative in 1998 by UNAIDS, CDC, Ministry of Health, the Joint Clinical Research Center in Uganda and others. Private pharmaceutical agents also procure ARVs for NGOs and private providers. The Government of Uganda began providing ARVs to Ministry of Health sites in 2004 and will also increasingly procure drugs through international tender under the GFATM program as this gets underway. USG implementing partners procure the majority of ARVs through Medical Access, Ltd. Some USG partners also procure ARVs through private distributors in Uganda. In 2004, implementing partners instituted and expanded logistics and distribution systems for ART, including training key staff in forecasting, logistics and pharmaceutical management. There have been no stock outs to date. In 2005 USG will continue strengthening the national ART logistics system, working with the Ministry of Health Pharmacy Department, National Medical Stores and Joint Medical Stores. USG partners will continue to refine drug and supply logistics systems as the programs expand in 2005. As well, support to USG implementing partners will be intensified for logistics planning, training and systems support. It is expected that USG will begin providing ARV drugs and related commodities under the new Supply Chain Management contract to be awarded in early 2005. The USG plans to initiate that program in 2005 and expects to integrate ARV drugs and other HIV commodities procured through the Supply Chain Management program with the National Medical Stores and Joint Medical Stores systems (distributing for public and private sector respectively). The amount of funds planned for ARV drug procurement only is  There are no planned funds for the procurement of ARV drugs for PMTCT+ stand alone treatment programs. 23 women will be supported for ART delivery in a PMTCT+ stand alone site through EGPAF. EGPAF will not procure the drugs, but will support other key components necessary for ART delivery including human resources, quality assurance, follow-up support and adherence.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

**Activity Narrative:** The ART program is currently operating in five centers with approximately 300 clients started on ART by end of September 2004 from about 1600 screened. TASO estimates that 3000 clients will start ART by the end of March 2005.

The program's key foci for 2005 are to roll out its services to three more centers, strengthen the counseling component, strengthen laboratory monitoring, and roll out pediatric ART.

Important program connections exist with the Title II Feeding Program and the MOH district & regional hospitals through Joint Clinics, where there is cooperative care provided for all ART patients where TASO and MOH clinics are co-located. TASO also has strong and long-standing relationships with CBOs that assist in providing care & support.

During clinical case conferences, the program also employs services of consultants to advise on the difficult decisions.

TASO provides child support to clients in form of vocational training, paying tuition, and providing day care services. The organization employs PWAs and ensures a conducive environment without stigma or discrimination for them to live and work with dignity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	70%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	8%

Targets:

Not Applicable

**Target Populations:**

- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- Infants
- Ministry of Health staff
- Orphans and other vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113



Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: DELIVER / John Snow Inc.

Planned Funds:

**Activity Narrative:**

The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs. In FY2004 DELIVER designed the logistics and supply systems the national ARV program with the Ministry of Health, National Medical Stores and key stakeholders. With the launch of the Government of Uganda's free ARV program in mid-2004, DELIVER trained over 120 people from the Ministry of Health, Joint Clinical Research Center and NGO sites in ARV logistics and pharmaceutical management. The first successful ARV distribution through the public sector with WB/MAP financed drugs was carried out in July 2004, reaching 1200 people in 27 sites. In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of ARV national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs. DELIVER will support development and improvement of all USG implementing partner logistics system, to ensure a coordinated and streamlined approach to tracking. Work under DELIVER will lay the groundwork for the new Supply Chain Management program to be awarded in early 2005. It is expected that commodities will be procured through the SCM for integration with the National Medical Stores and Joint Medical Stores systems (serving public and private/non-governmental programs respectively). DELIVER will undertake a national ARV logistics assessment to determine and address any gaps in supply, stockouts or pharmaceutical management at the site level.

**Activity Category**

- Local Organization Capacity Development
- Logistics
- Training

**% of Funds**

30%  
50%  
20%

**Targets:**

Not Applicable

**Target Populations:**

- Doctors
- Nurses
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- ART providers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

Rakai Health Sciences program (formerly Rakai Project ) is a 16-year collaboration between the Uganda Virus Research Institute (UVRI) of the Uganda Ministry of Health, and the researchers at Makerere University in Kampala, Columbia University and the Johns Hopkins University. As of June, 2004, the Rakai program initiated a pilot program of ARV provision through the President's Emergency Plan for AIDS Relief (PEPFAR), under a subgrant from CDC-Uganda to the Institute of Public Health . The Program uses a home-based strategy adapted from CDC-Tororo.

Prior to the ARV pilot program, Rakai Health Sciences Program (RHSP) established a pharmacy to support the general community clinics that are run by the program. The program clinics included 16 HIV/AIDS care clinics in all the areas of operation of the program.

The program has staff trained in drug procurement, transportation, storage, inventory management and forecasting drug needs. Prior to the ARV pilot we procured the bulk of our drugs from local pharmacies, but during the ARV pilot program we obtained accreditation from the Uganda Ministry of Health to procure subsidized drugs (especially antiretroviral drugs) from Medical Access, an organization contracted by UNAIDS to increase access to drugs in four poor resource countries(Uganda, Chile, Vietnam and cote de Voire). This accreditation will help ensure adequate and reliable supply of drugs.

The program also recruited a pharmacy technician to give technical assistance in drugs handling and to strengthen pharmaceutical and commodities management to support expanded access to ART as we extend ART services throughout the district in FY05.

**Activity Category**

- Commodity Procurement
- Human Resources
- Logistics

**% of Funds**

95%  
1%  
4%

**Targets:**

Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- Infants
- People living with HIV/AIDS
- Pregnant women

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

**State Province: Rakai**

**ISO Code: UG-110**

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere and Mbarara University Hospitals

Planned Funds:

**Activity Narrative:** Mulago Teaching Hospital of Makerere University and Mbarara University Teaching Hospital are the two premier teaching medical centers in Uganda, providing the highest levels of care available. Together, they train a large population of Uganda's health professionals.

In FY05, ARVs will be procured to ensure an uninterrupted supply at both sites for the current and expanded number of clients served. Improved institutional capabilities at both sites will be developed to sustain ARV drug delivery, management, storage and forecasting.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	88%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	1%

**Targets:**

Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
- Implementing organization project staff
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Baylor College of Medicine

Planned Funds:

**Activity Narrative:**

PIDC will procure and distribute ARV for 1,000 children. Currently, clinic staff is actively following 2,000 children. In FY04, 500 children were started on ARV treatment with links to home-based care and supplemental nutrition.

In FY05 an additional 500 children will be started on ARV treatment and referrals for additional services within Mulago hospital will continue.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	92%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	1%

**Targets:**

Not Applicable

**Target Populations:**

- Caregivers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Twinning

**Coverage Area:**

State Province: Kampala

ISO Code: UG-102

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Joint Clinical Research Center, Uganda / Joint Clinical Research Center, Uganda

Planned Funds:

**Activity Narrative:**

Joint Clinical Research Center (JCRC) is an internationally renowned AIDS research and service provision NGO directly implementing ART services at one site in Kampala and 22 satellite sites. In 2005, JCRC will expand ART and ARV drug access to a total of 30 satellite sites.

JCRC will provide free branded drugs to 6000 pregnant women, orphans, and vulnerable children and will continue to provide low cost generic and fixed dose combinations to the majority of clients.

The program will build capacity in the existing and new sites with the goal to enable those sites to function independently in the future. Support includes infrastructure, training, human resources (including staffing critical positions), communications and data system development, establishing network referral systems, laboratory equipment, ARV drugs, and logistics systems.

JCRC will implement an automated and computerized logistics management information system at all 30 sites in 2005. The program will undertake training in ARV logistics, infrastructure development to ensure commodity security, direct procurement and management of pharmaceuticals for all sites, distribution systems and schedules for delivery.

In addition to the 30 sites, JCRC will manage ARV pharmaceuticals for the community members in a vaccine efficacy research program implemented by the US Department of Defense reaching 36,000 people with ART and palliative care services covering all regions in Uganda. These sites include 11 MOH regional hospitals, two FBO sites, two NGO sites, one military hospital and 12 district hospitals and two health center level IV clinics.

**Activity Category**

- Commodity Procurement
- Logistics

**% of Funds**

95%  
5%

**Targets:**

Not Applicable

**Target Populations:**

- Faith-based organizations
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- HIV+ Families



**Key Legislative Issues:**

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Gulu	ISO Code: UG-304
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kotido	ISO Code: UG-306
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

Mildmay and Reach Out have 6½ and 4 years' experience (respectively) in providing comprehensive and holistic ART services. Through PEPFAR, this program is expanding access to ART at two sites, Mildmay/ Reach Out. It is expected that within one year, 1980 patients will be able to start on ART. Priority is given to poor people that would otherwise not afford such treatment.

The key FY05 focus includes: Mildmay/Reach Out will continue to supply ART drugs to those already receiving and others for whom cost is not an issue. The Mildmay Centre expects to facilitate the opening of another centre from which ART drugs can be administered.

Linkages to other programmes/services: Linked to CT, ART services, ART lab services and PC, by being linked in with existing HIV/AIDS services at The Mildmay Centre and Reach Out covering OI/ARV therapy, nutritional advice, physiotherapy, lab/x-ray/ultrasound facilities, social welfare and pastoral care. Also linked to the Mildmay Centre training programme, which covers the training of health professionals and others in ART in resource-limited settings.

The uniqueness of this program is that The Mildmay Centre is one of the very few centres in Uganda focusing on pediatric AIDS (0-18 years). Its ARV training course for doctors is renowned (and heavily oversubscribed).

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%

**Targets:**

Not Applicable

**Target Populations:**

- Adults*
- Business community*
- Caregivers*
- Health Care Workers*
- HIV/AIDS-affected families*
- Implementing organization project staff*
- Infants*
- Orphans and other vulnerable children*
- Youth*

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs*
- Stigma and discrimination*

**Coverage Area:**

State Province: Kampala	ISO Code: UG-102
State Province: Kayunga	ISO Code: UG-112
State Province: Luwero	ISO Code: UG-104
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Wakiso	ISO Code: UG-113

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Medical Research Council of Uganda

Planned Funds:

**Activity Narrative:**

The Medical Research Council (MRC) has been conducting population-based research to facilitate the control of the HIV/AIDS epidemic and its consequences in Uganda since 1989. In collaboration with the Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine large-scale cluster randomized field trials of HIV-prevention strategies and large-scale randomized trials of ARV therapy and research are on-going. In late FY04 a partnerships between MRC, CDC and TASO was established to conduct a randomized trials to compare facility and home-based ART delivery systems, the study protocol was developed and approved and systems to begin data collection were designed.

FY05 activities will include working with TASO to procure ARVs for the clients; training health care providers in delivering ART to clients in both service delivery systems, the commencement of including clients in the study, collecting and registering data, and conducting analyses from the data accruing from the process of serving clients. Evaluation findings will inform the program planning and design for clients to access HIV care and treatment in resource-limited settings.

**Activity Category**

Commodity Procurement

**% of Funds**

100%

**Targets:**

Not Applicable

**Target Populations:**

- Adults
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Jinja

ISO Code: UG-204

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/ART / Catholic Relief Services

Planned Funds:

Activity Narrative:

This is a Track 1.0 activity. The program started in March 2004 and four sites are now operational: St Francis Nsambya Hospital, Kampala; KCCC, Kampala; Gulu; Workers Treatment Centers (2 outlets in Kampala and 1 in Jinja)

1422 patients are receiving ART, and the program is able to enroll 100 new patients/month. The program utilizes centrally procured branded drugs only.

The key focus for FY05 is to add Kitgum St. Joseph Hospital (150 patients). CRD food supplements are provided in Lacor St Mary's Hospital, Gulu

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	85%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Targets:

Not Applicable

Target Populations:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Men                                     | <input checked="" type="checkbox"/> Refugees/internally displaced persons                         |
| <input checked="" type="checkbox"/> Women                                   | <input checked="" type="checkbox"/> Truckers  |
| <input checked="" type="checkbox"/> Community members                       | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Community-based organizations           | <input checked="" type="checkbox"/> Orphans and other vulnerable children                         |
| <input checked="" type="checkbox"/> Faith-based organizations               | <input checked="" type="checkbox"/> Religious/traditional leaders                                 |
| <input checked="" type="checkbox"/> Health Care Workers                     |   |
| <input checked="" type="checkbox"/> Community health workers                |   |
| <input checked="" type="checkbox"/> Doctors                                 |   |
| <input checked="" type="checkbox"/> Medical/health service providers        |   |
| <input checked="" type="checkbox"/> Nurses                                  |   |
| <input checked="" type="checkbox"/> Discordant couples                      |   |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families              |   |
| <input checked="" type="checkbox"/> HIV+ pregnant women                     |   |
| <input checked="" type="checkbox"/> Implementing organization project staff |   |
| <input checked="" type="checkbox"/> Infants                                 |   |
| <input checked="" type="checkbox"/> M&E specialist/staff                    |   |

**Key Legislative Issues:**

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
- Stigma and discrimination

**Coverage Area:**

State Province: Gulu

ISO Code: UG-304

State Province: Jinja

ISO Code: UG-204

State Province: Kampala

ISO Code: UG-102

State Province: Kitgum

ISO Code: UG-305

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Kitgum ART / Catholic Relief Services

**Planned Funds:**

**Activity Narrative:**

This is a track 1.0 activity, which will be expanded with country funds in FY05. ART services will be expanded to St. Joseph's hospital in Kitgum, a conflict district severely affected by the 18 year war with the Lord's Resistance Army. ART services will be networked with prevention, palliative care and CT supported by CRD, UPHOLD and other indigenous organizations.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

**Targets:**

Not Applicable

**Target Populations:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Adults                                  | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Community-based organizations           | <input checked="" type="checkbox"/> Orphans and other vulnerable children                         |
| <input checked="" type="checkbox"/> Faith-based organizations               | <input checked="" type="checkbox"/> Religious/traditional leaders                                 |
| <input checked="" type="checkbox"/> Community health workers                |   |
| <input checked="" type="checkbox"/> Doctors                                 |   |
| <input checked="" type="checkbox"/> Medical/health service providers        |   |
| <input checked="" type="checkbox"/> Nurses                                  |   |
| <input checked="" type="checkbox"/> Pharmacists                             |   |
| <input checked="" type="checkbox"/> Discordant couples                      |   |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families              |   |
| <input checked="" type="checkbox"/> HIV+ pregnant women                     |   |
| <input checked="" type="checkbox"/> Implementing organization project staff |   |
| <input checked="" type="checkbox"/> M&E specialist/staff                    |   |
| <input checked="" type="checkbox"/> Refugees/internally displaced persons   |   |
| <input checked="" type="checkbox"/> Truckers                                |   |

**Key Legislative Issues:**

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: .....

State Province: *Kitgum*

ISO Code: *UG-305*



Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

**Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Mildmay - Supplemental/Nov04-Mar05 / Mildmay International

**Planned Funds:**

**Activity Narrative:**

Mildmay/Reach Out have 6½ and 4 years' experience (respectively) in providing comprehensive and holistic ART services. The Mildmay Centre has its own fully-functioning laboratory for all HIV/AIDS-related tests except Viral Load testing.

This supplemental funding will bridge funding between November 2004 and March 2005. Key activities are: Mildmay/Reach Out ART service to clients.

This program is linked to CT, ART drugs, ART lab services, PC and training. Ancillary services relating to food distribution, income generation, educational funding, tackling alcoholism, and spiritual guidance are given. Reach Out provides many specialised support mechanisms (as above) for its very underprivileged client population.

**Activity Category**

- Commodity Procurement
- Logistics

**% of Funds**

80%  
20%

**Targets:**

Not Applicable

**Target Populations:**

- Adults
- HIV+ pregnant women
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Kampala

ISO Code: UG-102

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.11: PROGRAM PLANNING OVERVIEW**

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- Result 1: Increased demand for and acceptance of ARV treatment
- Result 2: Enhanced ART adherence
- Result 3: Strengthened infrastructure for service delivery
- Result 4: Strengthened human resource capacity to deliver ARV clinical care services
- Result 5: Strengthened national quality assurance system for ART
- Result 6: Improved quality of ARV care for PLHAs and their immediate families
- Result 7: Expanded linkages to counselling and testing, palliative care, and other support services

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

263,912

Total Funding for Program Area (\$):

**Current Program Context:**

The roll out of ART services in Uganda occurs under the leadership of the Government of Uganda. Under this umbrella, there are a wide variety of organizations and service models contributing to the goal of providing wide access to ART throughout the country. In Uganda at the beginning of 2004, 10-15,000 individuals were estimated to be receiving ART through non-governmental organizations (NGO) and private providers. By the end of 2004 over 30,000 people were receiving ART in Uganda with 24,410 receiving such services through direct support from USG. During FY04, the USG provided ART at 41 points of service, through a mix of fully subsidized and cost recovery mechanisms; using facility based, community based, and home based service delivery models; and operating in the public, private and NGO sectors. Employing the network model, ART services have been linked to the spectrum of supportive services, from counseling and testing to palliative care. \n\nUSG coordination with other donors has been important. In 2004, with support from the World Bank (MAP) the Government of Uganda provided approximately 1200 people with ARVs and plans to provide an additional 1500 people with ARVs in 2004. The Global Fund for AIDS, TB and Malaria (GFATM) in Uganda approved  for ARV drugs in 2004 with an additional  approved for Year 2....The GFATM procurement has been delayed but is expected that the program will provide ARVs for 11,000 people in 2005. . USG will continue active coordination and collaboration with these key development partners. In addition, the Government of Uganda coordinates stakeholders in the country through the national ART committee. This role will become increasingly important as ART is more widely available in order to assure equity in service access and provision. The private sector will also play a stronger role in the coming year as the business community increasingly takes up responsibility for ART coverage through insurance or preferred provider schemes. \n\nDespite the overall growth in ART availability, the geographic distribution has been uneven. Vulnerable groups such as the poorest of Uganda's citizens, the rural population, OVCs, and IDPs continue to face troublesome barriers to ART access. The scale up of ART in Uganda has also stressed an overburdened healthcare system where gaps in human resources have been of particular concern.\n\nUSG support to developing PMTCT+ stand alone sites will begin in FY05 for 2 sites; it is expected that 23 women will be served in stand alone sites through USG. Improved referral to ART sites will continue to be strengthened. Approximately  of ART services are planned to treat 1,450 women referred from PMTCT sites to ART sites. \n

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

Through the past year, AIM has put a strong focus on developing a network approach to services at the health subdistrict level, with a focus on integrating services, strengthening referral networks and building partnerships between public and NBO/FBO service providers to ensure a holistic approach to care and treatment. AIM will work with the MOH and other partners implementing ART programs (JCRC, TASO and others) in the 16 districts to develop referral systems for ART. Through successful engagement with FBOs and networks of PHA's and existing grants for service delivery through public and private sites, AIM will increasingly support the Uganda network model to expand access to treatment.

AIM also provides a large grant to AIDchild, a local NGO, to provide palliative care, primary education, shelter and nutrition as well as psychosocial support to HIV+ orphans. Through USG support and establishment of 2 centers serving approximately 35 children each, AIDchild has been able to leverage resources from others organizations, including free drugs from the AIDS Healthcare Foundation, to provide ART to all eligible children. Through a private sector enterprise that generates resources from sales of local art and collectibles, one AIDchild site is now completely self-sustaining. USG will continue to support the delivery of palliative care and ART to orphaned children in the second site through FY05. It is expected that this second site will also become self-sustaining.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	7%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Health Care Financing	20%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	50	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	5	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	80	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Infants
- Orphans and other vulnerable children

**Key Legislative Issues:**

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: TASSO CDC/ The AIDS Support Organization

Planned Funds:

**Activity Narrative:** TASSO is Uganda's largest and oldest indigenous HIV/AIDS organization for delivering care and support services. In 2004, TASSO introduced ART as part of its service package with Emergency Plan funding.

The ART program is currently operating in five centers with approximately 300 clients started on ART by end of September 2004 from about 1600 screened. TASSO estimates that 3000 clients will start ART by the end of March 2005.

*The program's key foci for 2005 are to roll out its services to three more centers, continue training healthcare workers to deliver ART, strengthen the counseling component, strengthen laboratory monitoring and roll out pediatric ART to 800 children at eight centers.*

Important program connections exist with the Title II Feeding Program, the MOH district & regional hospitals with Joint Clinics, as well as with CBOs that assist in providing care & support. During clinical case conferences, the program also employs services of outside medical consultants to advise on difficult decisions to ensure the best possible care.

TASSO provides child support to clients through vocational training, paying tuition, and providing day care services. The organization employs PWAs and ensures a conducive environment-without stigma or discrimination-for them to live and work with dignity

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	21%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	8	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,550	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	7,700	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,650	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- Infants
- Ministry of Health staff
- Orphans and other vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripirit	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113



Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

**Activity Narrative:**

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a non-governmental organization that delivers PMTCT and ART services globally. In Uganda, EGPAF worked with the MOH to launch some of the first PMTCT programs in 2001. Since then their program has been responsible for the most significant increases in PMTCT services in the country. In 2004 EGPAF served 75,000 women with counseling and testing in 24 sites in 7 districts, trained 340 health workers and laid the groundwork for psychosocial support programs in several sites.

In FY2005, EGPAF will expand to 92 sites in 16 districts, train 1000 health care workers, counsel and test 150,000 women through antenatal services and provide a comprehensive set of services to all HIV positive women. Four of the districts previously supported by private funds and will fall under USG support in 2005. EGPAF will launch 32 psychosocial support groups designed to help women disclose safely and enter into the care and treatment network. While some sites supported by EGPAF will deliver ART, the majority of HIV+ mothers served by EGPAF will be linked to sites providing palliative care and ART. While there will be expansion to 7 new districts, the main focus for 2005 will be to improve quality of counseling, follow up of HIV+ pregnant women to deliver at facilities and increase uptake of ARV prophylaxis and actively link women to ARV treatment sites. In addition there will be a strong focus on engaging partners of HIV+ pregnant women to know their status and support uptake of PMTCT and entry into care.

The focus of this ART services activity is to develop an effective referral network for ART access for all HIV+ women and their families receiving services through the PMTCT program. Six of the EGPAF districts are located in regions where ART will be available at Ministry of Health Regional Hospitals working in collaboration with Joint Clinical Research Center under USG support. At the JCRC supported sites in 2005, all HIV+ pregnant women who need ART will receive free treatment and CD4 monitoring, hence EGPAF will support intensive referral, follow up and post-test counseling support to women and their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	70%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	32	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	32	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community-based organizations
- Faith-based organizations
  - Doctors
  - Nurses
  - Traditional birth attendants
  - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Area:**

State Province: Bundibugyo	ISO Code: UG-401
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
<del>State Province: Kabale</del>	<del>ISO Code: UG-404</del>
State Province: Kampala	ISO Code: UG-102
State Province: Kasese	ISO Code: UG-406
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Sembabule	ISO Code: UG-111

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: /Tororo District Hospital

Planned Funds:

**Activity Narrative:**

USG is working with Tororo District Hospital (TDH) to implement a comprehensive pilot PMTCT program. The main purpose of this program is to assist TDH to establish and evaluate a model family-focused PMTCT-plus program designed to provide adequate treatment, care and support to infected mothers, their babies and families. The program began in April 2004 and was officially awarded a grant in August 2004.

To date over 2,500 women have been counselled, nearly 1700 have been tested, of whom 94 have been found HIV positive. Of those, 60% have been enrolled in the PMTCT program, 28% have delivered and their babies have received NVP. To date, partners of 39 women have received counselling and testing.

The program also includes the reconstruction of the MCH ward, the addition of an operating theater, the renovation of the maternity and the introduction of home visits for women living with HIV.

Implementation of the family focused PMTCT pilot program in Tororo will continue with the introduction of HAART treatment of mothers, their babies and family members who are eligible for it and the piloting of new strategies to maximize program uptake, partner involvement and community participation. Operational studies will be undertaken as well to provide answers to acceptability and accessibility of these new interventions

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	5	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community leader
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Traditional birth attendants
  - Traditional healers
  - Discordant couples
- HIV/AIDS-affected families
- Pregnant women
- Sex partners
- Women of reproductive age

**Key Legislative Issues:**

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
  - Reducing violence and coercion
  - Increasing women's access to income and productive resources
- Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Busia	ISO Code: UG-202
State Province: Tororo	ISO Code: UG-212

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:**

With funding from NIH ICER, Rakai Health Sciences Program has set up state of the art laboratory infrastructure. This laboratory will help support the ART program with tests required for initiation of patients on treatment and monitoring progress and toxicity. Rakai Health Sciences Program will meet the costs of maintenance, QA/QC and technical assistance with funding from different sources. The existing structures at some government health units shall be refurbished and upgraded to increase clinic space.

Under the pilot program we have conducted routine and surprise home visits to monitor drug compliance and toxicity, mobilize and consolidate family support for patients on ART and identify family members in need of ART. This approach has been helpful in strengthening the family approach to HIV care and in reducing stigma. Personnel have received training through Academic Alliance and two of the medical officers have undergone additional clinical observerships at Johns Hopkins Hospital. Weekly clinical conferences are organized in Kalisizo to review problem-cases.

Our community mobilization/Health education team has developed IEC materials and education sessions aimed at reducing stigmatization, eliminating misconceptions about ART, addressing community concerns about ART and mobilizing people to access the services. This has created community commitment and involvement and will help the program achieve its objectives. This strategy will be continued in FY05 in areas already covered by the program and also started in areas where we intend to extend services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	1%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	69%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Logistics	9%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Training	3%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	16	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	175	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	25	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere and Mbarara University Hospitals

Planned Funds:

Activity Narrative:

Mulago Hospital of Makerere University and Mbarara Hospital are the two premier teaching medical centers in Uganda, providing the highest levels of care available. Together, they train a large population of Uganda's health professionals.

This program will provide ART care to 1,100 eligible PLWHA over the first year. In addition, the training of health care workers - both through didactic and practical methods - will strengthen the capacity for ART delivery countrywide. Post-exposure prophylaxis for exposed health care workers will be made available at the two hospitals. This program will build on existing HIV clinics in Mulago (IDC) and Mbarara (ISS clinic) at which a number of patients are already receiving ART through MOH, research programs, and self sponsorship.

In FY05, the program will train HCW - including physicians, nurses, counselors, and pharmacists- in ART delivery, increase access to ART and improve the quality of ART service delivery.

Linkages to other programmes/services will be primarily through their extensive existing medical complexes. ART will be linked to RCT and coordinated with palliative care, including TB treatment and other support services.

Activity Category

- Commodity Procurement
- Human Resources
- Information, Education and Communication
- Infrastructure
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 30%
- 46%
- 3%
- 9%
- 3%
- 9%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	2,500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	750	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	700	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
- Implementing organization project staff
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:** National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Baylor College of Medicine

Planned Funds:

**Activity Narrative:**

The PIDC is the National Referral Center for Pediatric HIV Care in Uganda. The PIDC currently has approximately 2,000 children in active follow-up care with an estimated 750 children on therapy by the end of March 2005. With FY04 funding, the clinic provided 500 new children ARV treatment; developed the home-based care procedures and protocols; established family-based VCT; procured the necessary equipment to support program activities; and established a clinic database including an ARV treatment and monitoring module.

In FY05 activities will be continued to provide the home-based follow-up care; immunizations, growth and development monitoring; supplemental nutrition; treatment of OIs; and psychosocial support - as well as to expand provision of ARV treatment to an additional 500 children; establish a mechanism to outsource follow-up and monitoring of CD4 counts for the 1,000 children on ARVs for CD4 counts two times annually.

Linkages to other programs include: in-hospital referrals for pediatric TB and pediatric malnutrition units; Child Advocacy International for home-based care and follow-up; and Feed the Children Uganda for supplemental nutrition assistance to the children and their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	22%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	900	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	280	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Joint Clinical Research Center, Uganda / Joint Clinical Research Center, Uganda

Planned Funds:

**Activity Narrative:**

The Joint Clinical Research Center is an indigenous Ugandan NGO begun in 1992 with a mandate to research AIDS vaccines and provide treatment to HIV positive individuals. In the late 1990s with the Drug Access Initiative, JCRC began providing ART on a large scale to clients at one clinic in Kampala. Growing from a variety of research programs and service provision through client pay, JCRC had served over 10,000 people cumulatively by 2002. In 2002 JCRC expanded their focus to build capacity of other sites in Uganda with large HIV positive client base and by the end of 2003 was running clinics in five sites across Uganda. USG support in 2004 made it possible for JCRC to expand services to a network of 22 sites, reaching 23,000 people with ART including 1000 orphans and vulnerable children. The program's main focus is to build capacity so that satellite network sites are able to integrate ART into their existing programs. The majority of the sites in which JCRC is working are part of the Ministry of Health public health network and include 11 regional hospitals, 9 district and lower level health centers, and two faith-based clinics. Support includes development of infrastructure, logistics systems and ARV drugs, human resources and training, support for equipment and lab services, communications and data management systems, referral systems for palliative care and support. In early stages, staff from the JCRC run independent ART clinics within the hospital – over time staff are trained through a combination of off-site courses (such as Academic Alliance, Mildmay, TASO and JCRC), rotations through JCRC clinic and other ART clinics, on-the-job training and supportive supervision from JCRC staff. Capacity for basic HIV laboratory services is developed at all sites, with CD4 and viral load as needed provided through JCRC's clinic in Mengo, Kampala. See the Laboratory Section for more information about JCRC's laboratory service expansion to four regional laboratory centers of excellence. JCRC provides branded, generic and fixed dose combinations to clients. The majority of JCRC clients are on first line, fixed dose combinations (triummune) at a current cost of approximately \$12/month. With USG support, FDA approved drugs are provided at no cost to orphans.

In 2005, JCRC will increase the number of sites from 22-30, selecting new locations for launching ART in consultation with the Ministry of Health and USG. Over 36,000 clients who need ART will receive it, including free treatment with FDA approved drugs to 6000 pregnant women, orphans and vulnerable children. Clients will receive subsidized CD4 counts to determine need for ART and at least every six months to monitor clients and ensure quality of the program. Over 1000 health care workers will be trained in ART provision at the 30 sites, including approximately 500 clinical care providers and 500 community health workers and PHA program staff. PHA and faith based groups will be trained to support adherence to therapy, encourage counseling and testing for families and entry into the care and treatment network. The program will also put in place follow up systems for HIV+ mothers who are identified through the PMTCT programs at USG supported sites to provide care and treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	30	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	19,195	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	36,417	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	17,222	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Caregivers                       | <input checked="" type="checkbox"/> Nurses                                  | <input checked="" type="checkbox"/> Military                              |
| <input checked="" type="checkbox"/> Community leader                 | <input checked="" type="checkbox"/> Pharmacists                             | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Community members                | <input checked="" type="checkbox"/> Private health care providers           | <input checked="" type="checkbox"/> People living with HIV/AIDS           |
| <input checked="" type="checkbox"/> Faith-based organizations        | <input checked="" type="checkbox"/> HIV/AIDS-affected families              |   |
| <input checked="" type="checkbox"/> Health Care Workers              | <input checked="" type="checkbox"/> HIV+ pregnant women                     |   |
| <input checked="" type="checkbox"/> Doctors                          | <input checked="" type="checkbox"/> Implementing organization project staff |   |
| <input checked="" type="checkbox"/> Medical/health service providers |   |   |

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Twinning
- Stigma and discrimination

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Gulu	ISO Code: UG-304
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabale	ISO Code: UG-404
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kotido	ISO Code: UG-306
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Makerere University Walter Reed Project (MUWRP) / Walter Reed

**Planned Funds:**

**Activity Narrative:**

The Makerere University Walter Reed Project (MUWRP) is funded through a contract with the Henry M. Jackson Foundation (HJF) as part of the US Military HIV Research Program (USMHRP) funded through the DoD and DAIDS/NIH. The primary purpose of MUWRP is to develop and test HIV vaccines from early phase I testing to phase III efficacy testing. In this process, HIV infected populations are identified and staged. It is critical to encourage testing and HIV care outside of the circumscribed research populations to ethically proceed with vaccine evaluative research. MUWRP is developing a new cohort in Kayunga district and initially will scale up the VCT, ANC and PMTCT sites including the Northern county. The next step will be to recruit approximately 2000 volunteers to prospectively determine incidence and prevalence. The research study will provide HIV staging/monitoring, OI prophylaxis, treatment for STIs, minor ailments and malaria free of charge. PEPFAR funding will support the HIV infected non cohort participants and the HIV infected district Health Care personnel and their families by providing HIV stage/monitoring, OI prophylaxis, treatment for STIs as well as palliative care in form of pain control and psychosocial support. Suspected TB cases will be referred to Kayunga Hospital.

Cohort development for vaccine efficacy testing, a research activity will identify HIV prevalent and incident cases from study participants. These will be index patients. VCT will be offered to families of all index cases leveraged with other funds. HIV+ cases will be screened to determine eligibility for ARVs. ARV, septru prophylaxis, STD treatment and treatment of other minor opportunistic infections and malaria will be offered to both adults and children eligible for ARV. Monitoring of ARV treatment will be both clinical and by CD4 determination. Suspected TB cases will be referred to district TB programs. Palliative care in the form of pain control and psychosocial support will be provided.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	14%
<input checked="" type="checkbox"/> Local Organization Capacity Development	14%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	24%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	28%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	6	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Kayunga

ISO Code: UG-112



Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

Mildmay/Reach Out have 6½ and 4 years' experience (respectively) in providing comprehensive and holistic ART services. The Mildmay Centre has its own fully-functioning laboratory for all HIV/AIDS-related tests except Viral Load testing. Key FY05 focus: Mildmay/Reach Out will continue to supply a holistic ART service to clients. The Mildmay Centre expects to facilitate the opening of a further centre from which ART services can be supplied. The range of services will be expanded to a greater number of clients and (through a third centre) act as a reference/training site for a new facility.

This program is linked to CT, ART drugs, ART lab services, patient care and training. Ancillary services relating to food distribution, income generation, educational funding, tackling alcoholism, and spiritual guidance are given. Reach Out provides many specialised support mechanisms (as above) for its very underprivileged client population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	1%
<input checked="" type="checkbox"/> Community Mobilization/Participation	11%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	65%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	2%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,137	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	635	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,587	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	450	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Business community
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Orphans and other vulnerable children
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Kampala	ISO Code: UG-102
State Province: Kayunga	ISO Code: UG-112
State Province: Luwero	ISO Code: UG-104
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Wakiso	ISO Code: UG-113

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: --- / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. USG support in FY05 will facilitate the implementation of the scale-up program for HIV/AIDS care, prevention and treatment activities. Antiretroviral therapy is a key care activity that will be addressed.

USG funding will support development of guidelines and their dissemination and training of health workers in ART. MOH will provide leadership and coordination for all ART programs in Uganda.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%
<input checked="" type="checkbox"/> Workplace Programs	3%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	75	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	500	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	150	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	10,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	920	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	420	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	4	<input type="checkbox"/> Not Applicable

**Target Populations:**

- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Twinning
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/ART / Catholic Relief Services

Planned Funds:

**Activity Narrative:**

This is a track 1.0 funded activity. Four sites were established in FY04. The program is linked to existing Home Based Care Programs supported by CRS and to PMTCT programs already existing in the Hospitals, within the FBOs network. Attention was given also to treat Health Staff in those Hospitals. Inclusion of a basic health care package for households with PLWHAs is being seriously considered, as the ability to provide other palliative care, including end-of-life care. Considerable expertise is present in our partners for this.

All Points of Service have comprehensive care for patients, including counseling, testing and support.

An additional 15% funding is estimated for this as an add-on activity to the ART program. This request appears in separate Operation Plan format

CRD food supplements are given in Lacor St Mary's Hospital, Gulu.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	2,700	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	386	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,850	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	150	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
  - Men
  - Women
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
  - Community health workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Refugees/Internally displaced persons
- Truckers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders

**Key Legislative Issues:**

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
- Stigma and discrimination

**Coverage Area:**

State Province: Gulu  
State Province: Jinja  
State Province: Kampala  
State Province: Kitgum

ISO Code: UG-304  
ISO Code: UG-204  
ISO Code: UG-102  
ISO Code: UG-305

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

**Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Mildmay - Supplemental/Nov04-Mar05/ Mildmay International

Planned Funds:

**Activity Narrative:** Mildmay/Reach Out have 6½ and 4 years' experience (respectively) in providing comprehensive and holistic ART services. The Mildmay Centre has its own fully-functioning laboratory for all HIV/AIDS-related tests except Viral Load testing.

This supplemental funding will bridge funding between November 2004 and March 2005. Key activities are: Mildmay/Reach Out ART service to clients.

This program is linked to CT, ART drugs, ART lab services, PC and training. Ancillary services relating to food distribution, income generation, educational funding, tackling alcoholism, and spiritual guidance are given. Reach Out provides many specialised support mechanisms (as above) for its very underprivileged client population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	14%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Logistics	7%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Training	11%



**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,766	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Kampala

ISO Code: UG-102

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART Literacy /- To Be Determined

Planned Funds:

**Activity Narrative:**

Antiretroviral therapy (ART) is becoming increasingly available to AIDS patients in Uganda. There are, however, many aspects of ART which remain unknown to, or misunderstood by patients, their families and care givers, and their health providers. Increasing understanding about ART is becoming an imperative to ensure effective use and compliance with treatment. ART literacy is equivalent to consumer education and includes an understanding of what the drugs are as well as what they are not, what they can do/cannot do, how to take them, what side effects to expect and what to do about them, as well as how to stay on the treatment. This activity will include the production and distribution of educational materials for both providers, patients and their caretakers, as well as training in their use.

This activity will also develop mass media materials for the national program, linked to information, education and communication materials delivered at sites. This activity will be developed with the MOH national ART committee and key ART implementors. Materials will be disseminated through the MOH and USG implementing partner programs. PHA groups engaged in supporting adherence to treatment will also access educational materials.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	60%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Media
- People living with HIV/AIDS
- Religious/traditional leaders

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: **National**

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area:

Budget Code:

Program Area Code:

**Table 3.3.13: PROGRAM PLANNING OVERVIEW**

Result 1: Improved human resource capacity for monitoring and evaluation

Result 2: Improved national coordination in HIV/AIDS monitoring and evaluation

Result 3: Improved HMIS at the central and district level

Result 4: Improved information system for national care and treatment quality assurance system

Result 5: Increased use of strategic information for surveillance of HIV/AIDS/STI

Total Funding for Program Area (\$):

**Current Program Context:**

Uganda has experienced a severe HIV epidemic for over two decades and has characteristics of a generalized and mature epidemic. Uganda is one of the few countries in Africa, and the world, to show any decrease in HIV prevalence and incidence. Monitoring the magnitude and dynamics of the epidemic and impact of interventions in the country has relied mainly on sentinel surveillance based on antenatal HIV sero-prevalence and statistical projections to obtain national estimates. Routine data through the Health Management Information System is somewhat untimely and incomplete. Overall information systems and infrastructure are weak, particularly outside of the capital city and urban areas. The Uganda AIDS Commission has recently developed a national monitoring and evaluation framework to reflect progress made in implementation of its National Strategic Framework. Finalization and dissemination of the national M&E plan were financed by multiple donors, including the USG, through a pooled fund – the HIV/AIDS Partnership Fund- managed by the Uganda AIDS Commission. The USG is an active member on the M&E national subcommittee under the Uganda AIDS Commission and provides technical and financial support, along with several key implementing partners. The USG has supported Uganda's three Demographic and Health Surveys (DHS) surveys (1988/89, 1995, 2000/01), a national health facility survey (2002), behavioral surveillance surveys every two years, and numerous research studies. There are three major US-supported HIV/AIDS research activities – Rakai, Tororo (HBAC) and Jinja (MRC/TASO) – that follow large population-based cohorts. USG continues to provide assistance in support of HIV surveillance systems, national population and facility surveys and is the primary donor for the 2004 national HIV sero-survey, which will provide national data on HIV/AIDS behavior and prevalence. In addition, USG has worked closely with MOH and other partners to develop appropriate MIS systems for HIV/AIDS care and prevention activities, including an adaptation of HRSA's CAREWARE system for Mildmay. USG is also developing standardized information systems supporting SI for clinical care laboratory services and pharmacies. These systems are in full compliance with the USG Emergency Plan, MOH and WHO monitoring and evaluation requirements. The MOH and implementing partners providing ARV care and treatment will be supported to fully complete operationalizing the appropriate system. Currently, there is no national M&E system for OVC, and only one indicator in the national HIV/AIDS MIS. USG will support the development and implementation of a national system to monitor OVC as well as work to link this system and the EMIS system, as appropriate, with the overall HIV/AIDS M&E system.

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc.

Planned Funds:

**Activity Narrative:** To date, AIM has provided equipment at the district level to assist with monitoring of HIV/AIDS services through public sector and civil society organizations in the 16 AIM supported districts.

In FY05, this program area focus will include strengthening the HMIS system at the district level, with particular emphasis on HIV indicators as well as strengthening MIS systems for the district Community Services Department, which oversees OVC, youth and other services. Linkages and reporting systems between civil society groups and district MIS systems will also be developed and strengthened.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	45%
<input checked="" type="checkbox"/> Training	35%

**Targets:**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

2,016

Not Applicable

Not Applicable

**Target Populations:**

- Community-based organizations
- Faith-based organizations
- Government workers
- Host country national counterparts
- M&E specialists/staff
- Nongovernmental organizations/private voluntary organizations

**Key Legislative Issues:**

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

**Activity Narrative:**

The UPDF is Uganda's national army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework.

Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander-in-chief of the armed forces, the president mandated the program to oversee and manage prevention, care and treatment programs throughout the forces.

USG will work closely with the UPDF to develop appropriate MIS systems for HIV/AIDS care and prevention activities. Collection of accurate routine data has been a significant challenge. Support will also be extended for surveillance that the military has planned for mid-2005 and for M&E systems.

**Activity Category**

- Local Organization Capacity Development
- Needs Assessment
- Strategic Information (M&E, IT, Reporting)
- Training

**% of Funds**

- 40%
- 20%
- 20%
- 20%

**Targets:**

Target Description	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Military

**Key Legislative Issues:**

**Coverage Area:**

State Province: Kampala  
State Province: Luwero

ISO Code: UG-102  
ISO Code: UG-104

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO USAID / The AIDS Support Organization

Planned Funds:

Activity Narrative:

This is a targeted evaluation to ascertain the most appropriate approaches for addressing nutrition in households affected by HIV/AIDS which will inform national programming. The project is implemented through collaborative partnerships between the International Center for Research on Women (ICRW), the Uganda National Agricultural Research Organization (NARO), The AIDS Support Organization (TASO) – the largest indigenous organization providing palliative care to PLHA and their families. The project approach seeks to create interface between HIV/AIDS affected communities, and agricultural and nutrition experts to improve the ability of households to meet their food security needs, in the context of locally available resources. The project is implemented in Tororo district in Eastern Uganda covering 600 households and 3,000 individuals in four sub counties.

In FY04, the following activities were accomplished:

-The partners held a series of partnership building workshops focused on crafting a common vision and understanding of a "partnership approach" and what is needed to make it work.

-Conducted training workshops focusing on building the Partners' knowledge base re: food security, and how it affects and is affected by HIV/AIDS and gender. Following these workshops, the Field Partners and members of Farmers Groups conducted food security situation analysis, which will inform planning of food security interventions in the 3 intervention Sub-counties.

FY05 funds will be applied to take the project to scale by working with target communities to develop action plans that will be implemented by the communities with oversight from the partners. This is a particularly important study that cuts across PEPFAR treatment and care goals and it is an important one to continue.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	45%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

10

Not Applicable

Not Applicable



**Target Populations:**

- Caregivers
- Community leader
- HIV/AIDS-affected families
- People living with HIV/AIDS

**Key Legislative Issues:**

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**Coverage Area:**

State Province: Tororo

ISO Code: UG-212

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UPHOLD / John Snow Inc

Planned Funds:

Activity Narrative:

In FY04, UPHOLD completed the Lot Quality Assurance Surveys (LQAS), which assisted in providing facility and home based HIV/AIDS information to use as baseline data in 20 districts. UPHOLD also supported the review of the Health Management Information Systems (HMIS) in 20 districts to identify areas for improvement including integrating the HIV/AIDS component into the HMIS. UPHOLD also continues to engage in dialogue with districts to incorporate HIV/AIDS plans into the local government plans.

In FY05, UPHOLD will support the MOH and MOES to improve its HMIS and EMIS systems; with a particular focus on HIV/AIDS data. This will improve HIV/AIDS program planning and implementation, both at the national and district level. Through this process district staff engaged in monitoring and evaluation will have their capacities improved through on-the-job training in areas of data collection and analysis. This will be coordinated with CDR for Nakapiripit.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

180

Not Applicable

Not Applicable

Target Populations:

- Government workers
- Medical/health service providers
- M&E specialist/staff

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Bugiri	ISO Code: UG-201
State Province: Bundibugyo	ISO Code: UG-401
State Province: Bushenyi	ISO Code: UG-402
State Province: Gulu	ISO Code: UG-304
State Province: Kamuli	ISO Code: UG-205
State Province: Katakwi	ISO Code: UG-207
State Province: Kitgum	ISO Code: UG-305
State Province: Kyenjojo	ISO Code: UG-415
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Nakapiripit	ISO Code: UG-311
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Wakiso	ISO Code: UG-113
State Province: Yumbe	ISO Code: UG-313

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Community Resilience and Dialogue / International Rescue Committee

Planned Funds:

**Activity Narrative:** CRD districts lack the capacity to collect reliable HIV/AIDS data and to use it for planning and budgeting HIV/AIDS interventions. The CRD will train district staff in data collection, analysis, and utilization in the planning and budgeting of HIV interventions. In addition, the CRD in collaboration with the district and other agencies will conduct operational studies aimed at improving HIV service provision. This will be coordinated with UPHOLD for Nakapiripit.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

60

Not Applicable

Not Applicable

**Target Populations:**

- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Policy makers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs

**Coverage Area:**

State Province: Kotido

ISO Code: UG-306

State Province: Moroto

ISO Code: UG-308

State Province: Nakapiripit

ISO Code: UG-311

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: MEEPP / To Be Determined

Planned Funds:

**Activity Narrative:** The TBD prime partner will design and implement a comprehensive performance monitoring, planning, evaluation, and reporting system to measure the Emergency Plan country strategy for Uganda. This system will enable the Emergency Plan team to fulfill its performance monitoring, evaluation, reporting, and dissemination requirements as mandated under the Emergency Plan guidance.

The activities of the TBD prime partner will include assessing requirements to report on Emergency Plan indicators, and designing a monitoring methodology and evaluation plan to complement implementing partners' reporting and performance management. The prime partner will also focus on building M&E capacity within Ugandan institutions, organizations, and partners. A system will be developed for documenting process and impact, collaborating with and supporting Emergency Plan partners to document and analyze their results.

The prime partner's activities will improve quality and operationalization of M&E plans, and expand the use of quality program data for policy development and program management. These efforts will increase the use of strategic information for surveillance of HIV/AIDS/STI, improve human resource capacity for M&E, and lead to improved dissemination of information.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	20%

**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	140	<input type="checkbox"/> Not Applicable
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**Target Populations:**

- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff

**Key Legislative Issues:**

- Gender
- Twinning

**Coverage Area:**      **National**

State/Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

Activity Narrative:

The Makerere University Institute of Public Health (IPH) has the institutional capacity through its Fellowship Program to provide support and technical assistance to Ministry of Health (MOH) for the completion of the National Sero-Behavioral Survey which began with data collection, in August 2004. Under the direction of the MOH, IPH fellows will assist field workers, supervisors and coordinators to fully implement the study protocols in these 18 districts to ensure completion within the timeframe allocated. Activities shall include completing data collection in 18 districts (by February 2005), finalizing data entry, assisting with analysis and overseeing production and dissemination of findings.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

54

Not Applicable

Target Populations:

Adults

National AIDS control program staff

Key Legislative Issues:

Twinning

Stigma and discrimination

Coverage Area:

State Province: Adjumani	ISO Code: UG-301
State Province: Bundibugyo	ISO Code: UG-401
State Province: Busia	ISO Code: UG-202
State Province: Iganga	ISO Code: UG-203
State Province: Kabarole	ISO Code: UG-405
State Province: Kaberamaido	ISO Code: UG-213
State Province: Kamwenge	ISO Code: UG-413
State Province: Kapchorwa	ISO Code: UG-206
State Province: Kisoro	ISO Code: UG-408
State Province: Kotido	ISO Code: UG-306
State Province: Kyenjojo	ISO Code: UG-415
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Support to HMIS / To Be Determined

Planned Funds:

**Activity Narrative:**

The Uganda HMIS has been through several years of reviews and changes, the latest being in November 2001 following an extensive assessment of the country's health management information needs and a pilot test in two districts. It was designed to provide an integrated system to be used on a routine basis at the health facility, health sub-district, district and national levels for planning, managing and evaluating the health care delivery system.

The MOH Resource Center is responsible for the management of the HMIS and Data Bank at the national level. Although a LAN has been installed along with a new server for LMIS, they lack the basic computer equipment to facilitate effective management of the HMIS. The uncoordinated development of different information systems by line programs (and development partners) also hampers the development of the Resource Center which continues to be severely understaffed with seven of ten positions unfilled.

USG will continue work begun in 2003/04 to strengthen the capacity of the MOH Resource Center to manage the HMIS and databank. The USG is also providing support to ensure integrated Logistics Management Information Systems (LMIS) for all HIV/AIDS and health logistics within the Resource Centre.

In FY05, the USG will work with the MOH and UAC to incorporate HIV/AIDS information into the current HMIS. The activity will start with five districts in the first year, providing technical assistance in determining the appropriate indicators and data elements for inclusion and systems strengthening. This activity will be coordinated with the Quality Assurance for Care and Treatment Services activities, which will pilot an integrated service delivery reporting and management system.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%



**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

100

Not Applicable

**Target Populations:**

- Government workers*
- Health Care Workers*
- Host country national counterparts*
- M&E specialist/staff*

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Targeted evaluations / To-Be Determined

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

In addition to the population data required to monitor the epidemic and the national response, key areas require further understanding and analysis in order to plan and design more advanced and targeted activities to reach individuals and communities that are not being reached by existing activities. This activity will undertake key targeted evaluations identified as critical to the Uganda PEPFAR team in better understanding the impact of the epidemic on key segments of the population and how certain interventions and activities are influencing the epidemic.

Planned targeted Evaluations will be conducted in the following areas:

Nutrition and HIV to better understand the dynamics between nutrition and HIV services including access and use of service, healthier individuals (malnutrition, weight) and adherence to ARVs

Prevention messages and impact on behavior change, including communications to youth on such critical matters as sexuality and abstinence, effective messages, effective partners.

Identify cost-effective interventions and components of quality interventions to support OVC, with focus on vocational training and income generating activities

Others as identified as necessary upon secondary analysis of the serosurvey data

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Not Applicable

Target Populations:

- Caregivers
- Faith-based organizations
- Host country national counterparts
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Facilities survey / Macro International

**Planned Funds:**

**Activity Narrative:**

With USG support, a facility survey was implemented in 2002. A midterm survey is necessary to collect additional information specific to PEPFAR that was not collected in the 2002 survey; assess progress toward targets; and, inform planning and resource allocation. Ultimately, this activity will provide critical data needed to effectively plan and implement activities to achieve rapid scale up of quality HIV/AIDS prevention, care and treatment services.

**Activity Category**

Strategic Information (M&E, IT, Reporting)

**% of Funds**

100%

**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

100

Not Applicable

**Target Populations:**

- Government workers
- Host country national counterparts
- M&E specialists/staff

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Strategic Information

Budget Code: (HVSII)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC HBAC/ US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this three year activity. The program involves provision of ART to 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring.

Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also used HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination.

In FY05 project activities will continue with key findings from routine data analysis disseminated to inform the USG portfolio of ART interventions.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

50

Not Applicable

Target Populations:

- Adults
- Discordant couples
- Program managers
- Youth

Key Legislative Issues:

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Reducing violence and coercion
  - Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Busia  
State Province: Mbale  
State Province: Tororo

ISO Code: UG-202  
ISO Code: UG-209  
ISO Code: UG-212

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

Since 1996 Uganda adopted an integrated and multi-sectoral approach to HIV/AIDS prevention, control and care characterized by openness, strong political commitment, stakeholder involvement, and decentralization of the implementation of HIV/AIDS activities. USG support in FY05 will support the improvement of strategic information activities for ANC and HIV/STD surveillance through:

- training of staff involved in surveillance that include: laboratory technicians, data/record clerks and clinicians.
- quarterly supervision of 20 HIV and 19 STI surveillance sites.
- additional personnel, equipment and supplies needed to conduct surveillance activities.
- reviewing of data collection tools and protocols to address distortions in surveillance data that may occur as a result of PMTCT activities in Antenatal clinics.
- upgrading and improvement of data systems

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Logistics	14%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	16%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	19%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	180	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Business community
- Caregivers
- Commercial sex workers
- Health Care Workers

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- Discordant couples
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- M&E specialist/staff
- Military

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- Police

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- Ministry of Health staff
- Refugees/internally displaced persons
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- University
- Teachers
- Widows
- Women of reproductive age
- Youth
- ART providers
- Spiritual leaders

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Medical Research Council of Uganda

Planned Funds:

**Activity Narrative:**

The Medical Research Council (MRC) has been conducting population-based research to facilitate the control of the HIV/AIDS epidemic and its consequences in Uganda since 1989. In collaboration with the Ugandan Viral Research Institute and London School of Hygiene and Tropical Medicine large-scale cluster randomized field trials of HIV-prevention strategies and large-scale randomized trials of ARV therapy and research are on-going. In late FY04 a partnerships between MRC, CDC and TASO was established to conduct a randomized trial to compare facility and home-based ART delivery systems, the study protocol was developed and approved and systems to begin data collection were designed.

FY05 activities will include training health care providers in delivering ART to clients in both service delivery systems, the commencement of including clients in the study, collecting and registering data, and conducting analyze from the data accruing from the process of serving clients. Evaluation findings will inform the best and most feasible mechanism for clients to access HIV care and treatment in resource-limited settings.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	31%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	16%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- People living with HIV/AIDS

**Key Legislative Issues:**

- Stigma and discrimination

**Coverage Area:**

State Province: Jinja

ISO Code: UG-204

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: CDC Quality Assurance / To Be Determined

Planned Funds:

**Activity Narrative:**

In FY05 USG is proposing a new initiative with the MOH/ACP and the Quality Assurance unit to develop and support a system for ART program monitoring. Proposed activities included are to revise the national quality ART standards and guidelines, review current accreditation and regulation programs, and develop an institutionalized system for supervision of sites.

To support this initiative, there will be a new activity focusing on an integrated service delivery reporting and management system for care and treatment services. An automated database will be developed to allow implementing partners to collect routine service data indicators; produce standardized reports; analyze results; and, accurately report on services delivered. This system will fully support partners in using accurate data to inform the management of services and strengthen their capacity to use 'data for decision-making'. This activity will be coordinated with the HMIS activity and, HIV/AIDS data from this activity will feed into the HMIS.

In collaboration with the MOH and key implementing partners, selected sites will 'pilot' this system in combination with a supervision/monitoring systems. This activity will complement support to developing national QA ART systems provided through USAID.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%

**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable
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**Target Populations:**

- Ministry of Health staff
- National AIDS control program staff
- Program managers
- ART providers

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:



Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Evaluation- Basic Preventive Care Package /US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

CDC will work with care and treatment providers to evaluate effectiveness of potential new components of a basic preventive care package. Priority interventions will be decided through a combined process of expert and stakeholder consultation, but current potential opportunities include evaluation of the cost and effect on morbidity, mortality, and virologic and immunological markers of food supplementation, acyclovir prophylaxis, or traditional therapies. Evaluations would include potential benefits among all persons with HIV, regardless of CD4 cell count or disease stage, as well as sub-groups with more immunosuppression and persons taking antiretroviral therapy. When applicable, impact on family members will also be assessed.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

40

Not Applicable

Target Populations:

- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

In order to monitor and evaluate the impact of interventions and to better define the stage of the epidemic these funds will be used to provide technical and material support to antenatal sentinel surveillance in the refugee population. This will be conducted in refugee settlements in Moyo and Hoima district through other UNHCR implementing partners. This will give baseline biological data in the refugee population. Ongoing support to this activity will be used to monitor trends over time and to link with behavioral surveillance data to explain those trends.

Funds will also be used to improve clinical AIDS case reporting in the refugee population.

Both of these areas are minimum data recommended for HIV/AIDS surveillance in a generalized epidemic but neither are established in the refugee setting in Uganda.

**Activity Category**

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Policy and Guidelines	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	14%

**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

15

Not Applicable

**Target Populations:**

- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Policy makers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs

**Coverage Area:**

State Province: Hoima  
State Province: Moyo

ISO Code: UG-403  
ISO Code: UG-309

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: US Centers for Disease Control—Informatics Unit / US Centers for Disease Control and Preve

Planned Funds:

**Activity Narrative:** The CDC Informatics team will work with care, treatment and prevention service providers, and support partners to build capacity and address Strategic Information (SI) needs. Strategic Information ranging from patient care details and logistics to national indicators will be supported.

In FY05 key areas of focus will include: connectivity and computer infrastructure from internet access to specific network topology design and implementation; applications development for the creation of standard information systems and tools; plan and design of SI collection instruments; data entry and management; analysis and reporting of SI; information and infrastructure security and maintenance.

Training in each of these areas will also be developed and supported either directly by the CDC Informatics team or through utilization of outside resources and partners. The goal of training and technical support provided will be to build capacity in partners to implement and maintain their own MIS with limited on-going technical support from CDC. Technical assistance will be provided in the interconnectivity of MIS for all partners into the national HMIS and USG systems where required or relevant.

Finally, the CDC Informatics team will conduct on-going SI needs assessments of partners to ensure informatics resource growth to match needs necessitated by increasing care and prevention activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	70%

**Targets:**

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/> Not Applicable
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**Target Populations:**

- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

**Key Legislative Issues:**

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Sero Survey USAID / Macro International

Planned Funds:

Activity Narrative:

Currently there is limited data available as relates to the epidemiology of the epidemic among key segments of the population. Secondary analysis and modeling of the HIV sero-behavioral survey data will provide critical information for ongoing planning, i.e. focused interventions.

CDC is collaborating with the HIV Reference Laboratory and the MOH to develop information systems to track specimens received, capture test results data and report back to MOH for further analysis. These systems can be used in the future for routine national surveillance, testing and reporting.

Will provide additional data to inform strategic planning, program evaluation, policy formulation and calibration of the sentinel surveillance system. The survey will also form a baseline and end-term evaluations for the rapid scale-up activities under PEPFAR.

Activity Category

- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

5%  
90%  
5%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

20

Not Applicable

Not Applicable

Target Populations:

- Host country national counterparts
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UAC/Global Fund / To Be Determined

Planned Funds: [ ]

Activity Narrative:

In FY04, a Rapid Assessment of the Human Resource Implications for scaling up HIV/AIDS services in Uganda and provision of on-going technical assistance to the Inter-Religious Council of Uganda (IRCU) and the Uganda AIDS Commission (UAC) was conducted.

In FY05, support will be directed towards further strengthening of the capacity of Uganda AIDS Commission to coordinate HIV/AIDS activities in Uganda and facilitating the understanding and utilization of the M& E framework at district level. This will involve working on an on-going basis with counterparts, including USG partners currently providing support to district M&E systems, to build M&E and MIS capacity and to harmonize data collection systems with other implementing agencies, NGOs and FBO. Institutionalization of an MIS at national and district level will be prioritized in order to increase utilization of information for program planning, implementation and monitoring.

Support will also be extended on as-needed basis to the Project Management Unit of the global Fund/Ministry of Health and the Country Coordinating Mechanism (CCM) to strengthen their capacity to coordinate, monitor and manage Global Fund resources and activities. Priority will be given to development of the GFATM M&E plans and systems.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	110	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- M&E specialist/staff
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Cost Effectiveness Analysis / Health Strategies International

Planned Funds:

Activity Narrative:

CDC will continue to work with Health Strategies International, a U.S. health economics consulting firm, to conduct cost-effectiveness evaluations of cotrimoxazole prophylaxis and the safe water vessel. The project will also work on the impact of ART on household economics in rural Uganda as well as the cost-effectiveness of ART using a home-based delivery system. These evaluations will be based on HBAC data as well as previous evaluation data from CDC-Uganda for cotrimoxazole and the safe water vessel. When applicable, impact on family members will also be assessed. Results will be shared initially with the primary partners in the project, MOH and TASO, and then will be disseminated broadly. Project implementation will involve training more than 40 Ugandans in data collection, eight in data analysis and two in writing.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

50

Not Applicable

Target Populations:

- HIV/AIDS-affected families
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

**Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Support to Uganda Demographic Health Survey (DHS) / Macro International

Planned Funds:

**Activity Narrative:**

This activity will support the Uganda DHS and conduct an updated facilities survey in 2006 and 2008. Monitoring the magnitude and dynamics of the epidemic and impact of interventions in the country has relied on antenatal sentinel surveillance data and data from a few population-based cross sectional and longitudinal studies covering small geographic area. Both types of data come from selected population sectors and does not give a national picture.

**Activity Category**

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	65%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

150

Not Applicable

Not Applicable

**Target Populations:**

- Government workers
- Ministry of Health staff

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Home-base AIDS Care / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this three year activity. The program involves provision of ART to 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and; the syndromic approach with both CD4 and viral load monitoring.

Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also used HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination.

In FY05 project activities will continue with key findings from routine data analysis disseminated to inform the USG portfolio of ART interventions.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

50

Not Applicable

Target Populations:

Discordant couples

Program managers

Youth

Adult

Key Legislative Issues:

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Area:

State Province: Busia

ISO Code: UG-202

State Province: Mbale

ISO Code: UG-209

State Province: Tororo

ISO Code: UG-212



Program Area:

Budget Code:

Program Area Code:

**Table 3.3.12: PROGRAM PLANNING OVERVIEW**

Result 1: Capacity strengthened for long-term sustainability of quality laboratory systems, focusing on 4 regional labs, district hospitals and Health Center Level IV and III nation-wide.

Result 2: National laboratory coordination and technical committees operationalised and efficacious.

Result 3: Quality assurance system for laboratories operationalised, including Standard Operating Procedures and laboratory management teams.

Result 4: National credit line for supply of HIV related diagnostics and reagents functioning and supplying district/regional hospitals, HC IV's and select HC IIIs with lab supplies in a timely manner.

Result 5: National laboratory logistics and technology trainings completed for country to increase the number of technologists. Support for Lab Training Schools and CPHL.

Total Funding for Program Area (\$):

**Current Program Context:**

The key development partners involved in laboratory strengthening are the USG (USAID and CDC) and DANIDA, whose main interest is in ensuring that the Essential Drug Health Supply (EDHS) credit line functions for all essential drugs with limited support for laboratory services. Both MAP and Global Fund provide some support for laboratory services. In Uganda all Health Center III, IV, district and regional hospitals should have the capacity to provide HIV, TB and STI laboratory services, however, according to the 2002 Uganda Health Facility Survey (UHFS) only 27% of government facilities reported laboratory capacity to conduct any tests related to HIV/AIDS, TB and STI. Most district hospitals (97%) and Health Center IVs (88%) do have capacity for these tests but lower level centers are challenged by lack of equipment, supplies, laboratory technologists and management. Similar non-governmental and faith based facilities have roughly the same levels. In 2004, the USG spearheaded a focus on laboratory leadership to begin addressing a number of the issues. There is a newly established laboratory technical committee at the Ministry of Health, whose recent USG-supported activities include oversight of a national laboratory assessment and the establishment of a laboratory commodities credit line system that will be merged into the EDHS. The committee brings together the key development partners (USG and DANIDA); and national leadership from the Central Public Health Laboratory, the Uganda Virus Research Institute and MOH to plan for laboratory systems improvements. The national laboratory assessment was completed in September 2004 and results are being analyzed. The laboratory credit line and distribution plan is in process of being established with support to the National Medical Stores from CDC for commodities, and USAID for logistics assistance. Needed commodities and allocations for each health facility level have been established and the credit line will begin providing supplies in early 2005. Currently, there are gaps in management and leadership at national, regional and lower level laboratories. Advocacy at the senior-level for a national laboratory system is lacking at MOH and several groups, including the Central Public Health Laboratory and the Uganda Virus Research Institute who should be overseeing national quality assurance systems; are under-resourced. Standard Operating Procedures for labs are embryonic; the number of laboratory technologists graduating from training facilities is inadequate; there is a lack of consistent laboratory supplies and laboratory logistics systems are weak. This combination has resulted in frequent stock outs of key supplies, such as HIV test kits, and this is likely to be repeated this year. For CD4 count tests, the primary providers in the country are the Joint Clinical Research Center, the newly established Infectious Diseases Institute, the Centers for Disease Control for the non-governmental sector, and a few private laboratories. Finally, a recent Human Resources assessment in Uganda identified a serious gap in the number of laboratory technologists being trained in the two major lab training schools and many Districts have not filled their quotas of laboratory staff resulting in low demand for lab services in the country and poor retention of lab staff in the public sector.

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Medical and Research Foundation

Planned Funds:

**Activity Narrative:** AMREF has been extensively involved in laboratory systems development in Africa, including Uganda. AMREF currently has networks with related partners in the development of learning materials for laboratory services and external quality assurance. Currently, AMREF is assisting the Ministry of Health with national programs for distance learning, continuing education for health workers, and basic training for laboratory technicians, comprehensive nurses, clinical officers and nursing assistants.

During FY05, AMREF will strengthen laboratory services at Health Center IV and above nationwide. The goal of this intervention is to improve the quality of health laboratory services at health units nationwide from the health sub-districts to regional hospitals. By strengthening laboratory services at HCs, HIV+ patients will have improved geographical access, improved skills of VCT service providers, improved quality of services and increased number of HIV tests carried out.

Training activities will be provided for multiple health centers at district level sessions and equipment to enhance capacity will be procured and distributed.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	7%
<input checked="" type="checkbox"/> Infrastructure	18%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	40%

**Targets:**

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	150	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	50	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Commercial sex workers
- Health Care Workers
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Mobile populations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Youth

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** / Uganda Virus Research Institute

**Planned Funds:**

**Activity Narrative:**

The Ministry of Health Uganda Virus Research Institute recognises the need for high quality HIV testing throughout the country and supports the development and strengthening of systems to monitor quality of HIV testing performed in government, private and non-government organizations' health facilities.

With FY05 funding, an inventory will be conducted of which health centers are performing HIV testing and, what methods, procedures and tests are in use. In addition, existing and new tests will be evaluated against high-standard-testing algorithms.

UVRI will also continue with the responsibility for providing technical assistance and quality assurance for the national blood bank, STD/AIDS Control Program for HIV sentinel surveillance; VCT sites and Ministry of Health and NGO units for PMTCT programs.

<b>Activity Category</b>	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	
<input checked="" type="checkbox"/> Infrastructure	
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	130	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests, and/or lymphocyte tests	32	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults*
  - Men*
  - Women*
  - Commercial sex workers*
- Community members*
- Health Care Workers*
  - Doctors*
  - Medical/health service providers*
  - Nurses*
  - Private health care providers*
- High-risk population*
  - Discordant couples*
- HIV/AIDS-affected families*
- HIV+ pregnant women*
- Implementing organization project staff*
- Military*
- Ministry of Health staff*
- Mobile populations*
- Migrant workers*
- Nongovernmental organizations/private voluntary organizations*
- Orphans and other vulnerable children*
- Youth*
  - Girls*
  - Boys*

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Medical Stores (NMS)

Planned Funds:

Activity Narrative:

The National Medical Stores (NMS) is an autonomous government corporation within the Ministry of Health (MOH) established in 1993 to ensure efficient and effective procurement, storage and distribution of essential drugs and medical supplies to all public health facilities throughout the country. NMS provides national distribution-chain management of essential drug kits, antiretroviral drugs, TB drugs, contraceptives, and other basic medical and laboratory supplies.

In 2003, NMS together with MOH introduced a demand-based 'pull' supply system for essential drugs by establishing 'lines of credit' with funds available for each public health facility to purchase from a pre-determined range of essential drugs. Orders from health facilities are placed against the credit lines for NMS to process, package and deliver to the District Drug warehouse. All shipments are tracked through delivery with full reports provided monthly.

In late FY04 the NMS was awarded funding to purchase, distribute and track supplies to support HIV/AIDS-related laboratory services at all Health Center III facilities and above with functioning laboratory services. Following the essential drug supply 'pull-system', additional credit will be established for each facility account specifically dedicated for the purchase of HIV-related laboratory supplies as agreed upon by USG and MOH.

In FY05 complete roll-out of this laboratory supplies procurement/delivery system will be fully functional. The NMS laboratory supplies system will be strengthened through related projects to equip, update and train laboratory staff at all Health Center III facilities, and above.

Activity Category

- Commodity Procurement
- Logistics
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 70%
- 15%
- 9%
- 6%

Targets:

Target	Value	Notes
Number of individuals trained in the provision of lab-related activities	890	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	560	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Government workers
- Health Care Workers
- Implementing organization project staff
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women
- Trainers

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**



Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

This program area activity focuses primarily on strengthening the capacity of several key players in the delivery of HIV/AIDS services across AIM districts: 1. District Officials to effectively lead, manage and coordinate the HIV/AIDS response 2. National NGOs and FBOs 3. NGO regional centers of excellence, and 4. community based civil society and faith-based organizations. Skill and capacity building emphasizes organizational development and management skills, with a focus on financial management, accountability, monitoring and evaluation and alignment with service delivery as well as building technical competencies through dissemination of tool kits (policy, guidelines, job aids, monitoring and evaluation tools), trainings and support supervision.

District level capacity building is geared toward the District HIV/AIDS Committee (DHACs), HIV/AIDS Task Forces and Planning Units with a focus on analysis and assessment, strategic planning, budgeting, monitoring and evaluation. A key area of focus in FY05 is on integrating the grants program, supported by AIM, into the district systems and district planning process. These grants provide resources to civil society with governance and oversight by district officials. AIM currently provides over 180 grants at the community level that are reviewed and monitored by the districts. Small grants are given to the DHACs to assist with facilitation of activities. It is expected that districts will be able to effectively receive, allocate and monitor external resources i.e. Global Fund, World Bank MAP, through this institutionalized granting mechanism.

There are currently four national NGOs that will continue to receive technical capacity building in FY05. Four additional NGOs will receive intensive capacity building and technical assistance in order to strengthen the delivery of quality services at the district level, as well as to mentor and provide support supervision to civil society groups. The eight national NGOs include Uganda Women's Efforts to Save Orphans (UWESO) (OVC), Straight Talk (youth), Traditional and Modern Health Practitioners Together Against AIDS (THETA) (traditional healers), Uganda Network of AIDS Service Organization (UNASO), Family Planning Association of Uganda (VCT and palliative care), National Guidance and Empowerment Network (People Living with HIV/AIDS) and Youth Alive (Faith-based Youth focus).

During FY05, AIM will work with four (two are faith-based) of 12 identified NGOs, currently receiving grants at the district level, that demonstrate potential to develop into a center of excellence at the regional or district level. Similar to work with national NGOs, AIM will strengthen the capacity of these organizations to deliver their services, as well as to mentor and provide support supervision to civil society organizations working in their catchment areas. These organizations will also serve in a leadership role with the NGO forums and as lead organizations in facilitating networked services.

In FY05, AIM will continue to provide organizational and technical capacity building to civil society and faith-based groups at the community level. With over 200 grantees, AIM's focus in year 05 will include: identifying nonperformers, identifying groups that can be expanded and strengthened, and ensuring quality services through support supervision.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	1%

<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	18%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	30%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	98	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1,240	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Key Legislative Issues:**

- Gender

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Katakwi	ISO Code: UG-207
State Province: Kibale	ISO Code: UG-407
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Mubende	ISO Code: UG-107
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Yumbe	ISO Code: UG-313

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Integrated Model District Program (AIM) / John Snow Inc

Planned Funds:

**Activity Narrative:**

The AIDS Integrated Model District Program is providing comprehensive support for HIV/AIDS activities in the rural districts in Uganda.

To date AIM has focused on providing equipment, training laboratory technicians and renovating labs to provide basic HIV/AIDS services including HIV testing, TB, malaria and STIs in the 16-AIM supported districts.

In FY05, AIM will expand to 125 labs, including some health center III's within faith-based facilities. Focus will be on strengthening quality assurance and quality control systems both within a facility and between district and regional labs. Skills building of district laboratory focal persons to improve support supervision will also be emphasized. Strengthening referrals between district laboratories and regional labs providing PCR tests for infants will also be supported in FY05.

Other PEPFAR supported efforts to address human resources shortages will be critical to enhance the success of this activity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%



Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASO CDC / The AIDS Support Organization

Planned Funds:

Activity Narrative:

As part of ARV treatment each of the 10 TASO centers provides comprehensive laboratory services for its 40,000 clients. These services include sputum tests for TB, malaria tests, HIV retesting, cryptococcal tests, full blood count, and other tests necessary for the provision of ART and palliative care.

In FY05, these services will be continued with an additional focus for laboratory strengthening to develop capacity to perform CD4 cell count at one TASO center that will serve as a hub for the other centers providing ART; and, strengthening laboratory MIS and logistics systems. The location of the CD4 laboratory will complement JCRC and Ministry of Health's plans to avoid duplication and augment the CD4 cell count facilities shared between TASO and JCRC/Ministry of Health.

On-going training for TASO laboratory technicians following national guidelines will also continue to be supported. In addition, a comprehensive QA program will be created and adopted throughout the TASO laboratory system to ensure no interpretation between of results and treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	22%
<input checked="" type="checkbox"/> Human Resources	14%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Logistics	11%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	27%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	25	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Implementing organization project staff

**Key Legislative Issues:**

Stigma and discrimination

**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiripiri	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASSO USAID / The AIDS Support Organization

Planned Funds:

**Activity Narrative:** As part of the ongoing support to TASSO to provide palliative care, USAID support will strengthen the quality of laboratory systems to diagnose various opportunistic infections. Improved laboratory infrastructure will be sustained to ensure that the management of ARVs in all TASSO branches is at national standard levels.

This support for laboratory capacity will supplement support from CDC for CD4 cell count capacity in selected sites and JCRC support to Ministry of Health for CD4 capability in 11 districts including four regional laboratory 'centers of excellence'.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	44%
<input checked="" type="checkbox"/> Infrastructure	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	9%
<input checked="" type="checkbox"/> Training	32%

**Targets:**

Target	Value	Notes
Number of individuals trained in the provision of lab-related activities	30	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- Implementing organization project staff

**Key Legislative Issues:**



**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kanungu	ISO Code: UG-414
State Province: Kayunga	ISO Code: UG-112
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Moroto	ISO Code: UG-308
State Province: Mpigi	ISO Code: UG-106
State Province: Mukono	ISO Code: UG-108
State Province: Nakapiririt	ISO Code: UG-311
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Sironko	ISO Code: UG-215
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

**Activity Narrative:**

The DELIVER Project is implemented by John Snow International and provides logistics technical assistance to national HIV/AIDS programs and USG supported non-governmental programs to ensure viable and functioning HIV commodities systems for HIV commodities. This includes technical assistance and training in forecasting, procurement, design and support of logistics systems for health and HIV commodities, including PMTCT and HIV test kits, nevirapine, TB/OI drugs and ARV drugs.

In 2005 DELIVER will continue to assist the Ministry of Health AIDS Control Program and Pharmacy Department to effectively manage the planning, forecasting and coordination of laboratory national logistics program, and will support the National Medical Stores to implement the expanded program with GFATM drugs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Logistics	50%
<input checked="" type="checkbox"/> Training	10%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	1,200	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	600	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

**Activity Narrative:** This is a 2 year fulltime Fellowship program which started in January 2002. The Fellowship Program consists of an apprenticeship attachment at an HIV/AIDS program as well as short courses and seminars held at Makerere University Institute of Public Health. The Fellows spend 75% of their time at the selected HIV/AIDS program and 25% at the Makerere University Institute of Public Health, providing technical assistance to the host institution.

The program is building from training of Fellows through apprenticeship attachments and short courses; training of HIV/AIDS program mid-level managers; provision of technical assistance to HIV/AIDS programs.

Key focus in FY05 is strengthening of existing training and apprenticeship activities of the Program; offering management training opportunities to mid-level program managers in HIV/AIDS programs; provision of technical assistance to HIV/AIDS Programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	41%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	39%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	25	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	200	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Community-based organizations*
- Faith-based organizations*
- Health Care Workers*
- Host country national counterparts*
- M&E specialist/staff*

- Media*
- Military*
- Nongovernmental organizations/private voluntary organizations*
- Program managers*

**Key Legislative Issues:**

- Twining*

**Coverage Area:** National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Makerere University, Institute of Public Health

Planned Funds:

Activity Narrative:

With funding from NIH ICER, Rakai Health Sciences Program has set up a state-of-the-art laboratory in Rakai District. This laboratory will support the ART program with tests for initiation of patients on treatment and monitoring progress and toxicity. The program has a FACScan for CD4 counts; chemistry analyzer for liver and kidney function tests and a Coulter counter for cell blood count. Note that CD4 cell counts, liver function tests and renal function tests are done prior to initiation of patients on ARV treatment and three monthly; for patients on treatment.

Currently the laboratory processes 20 CD4 counts and chemistry tests per day. In FY 05, this number will double with the extension of services throughout the entire district. Funding will support the procurement of consumables in support of the ARV treatment program and the Rakai Health Sciences Program will meet the costs of maintenance, QA/QC and technical assistance with funding from different sources.

**Activity Category**

Commodity Procurement

**% of Funds**

100%

**Targets:**

Not Applicable

Number of individuals trained in the provision of lab-related activities

4

Not Applicable

Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests

1

Not Applicable

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

**Key Legislative Issues:**

**Coverage Area:**

State Province: Rakai

ISO Code: UG-110

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Makerere and Mbarara University Hospitals

Planned Funds:

**Activity Narrative:**

FY05 support will strengthen the existing laboratory support for patients on ART to provide basic laboratory support including Hemogram, LFTs, RFTs, and CD4 cell counts for proper monitoring of patients on ART. Funds will be used to strengthen laboratory capacity to perform the basic tests for ART delivery, provide laboratory supplies and equipment for laboratory testing, and provide training and support for ART laboratory personnel.

The two hospital sites ensure patients link to for other program services including CT, ART drugs, ART services and palliative care (PC).

**Activity Category**

- Commodity Procurement
- Human Resources
- Infrastructure
- Training

**% of Funds**

69%  
19%  
7%  
5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	5	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	3	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- People living with HIV/AIDS

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Quality Assurance System / To Be Determined

Planned Funds:

**Activity Narrative:**

There are 68 MOH accredited implementers of ART in both private and public sectors; delivering ARVs with varying degrees of quality. Due to the rapid growth in ART delivery, the system in place under Ministry of Health to monitor the quality of delivery has become inadequate. Public sector sites working with USG and others have some oversight but other sites are not adequately prepared or monitored. This is particularly true in private sector, for-profit ART sites. Ministry of Health consultations have identified the need to improve quality for ART delivery. The Health Sector Strategic Plan II has also identified more broadly the need to develop a quality assurance system more broadly.

In this new activity, USG will work with the Ministry of Health AIDS Control Programme, the MOH Quality Assurance section, stakeholders and international quality management experts to develop and support a system focused initially on ART programs, but that could eventually add QA for palliative care and other interventions, which are currently monitored in a fragmented way. Activities will include revision of national quality ART standards and guidelines (as required), support for the accreditation and regulation program, supportive supervision by experts who will visit each ART site on a regular schedule and institutionalizing of QA principles and methods at each site. The program will build capacity within the Ministry of Health to deliver and coordinate the QA program.

We would envision funding through a centrally competed agreement (for example the Quality Assurance/Workforce Development Project with University Research Co. partnering with New York State AIDS Institute and others), subcontracting with the MOH and perhaps other private groups in Uganda to help with implementation.

CDC will support the data for decision-making component as a critical element that will be piloted through a new facility-based activity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

90

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

100

Not Applicable

**Target Populations:**

- Health Care Workers
- Ministry of Health staff
- People living with HIV/AIDS
- ART providers

**Key Legislative Issues:**

- Gender

Coverage Area: National

State Province:

ISO Code:



Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Human Resources / To Be Determined

Planned Funds:

Activity Narrative:

A recently completed HR assessment funded by the Emergency Plan found that there is an inadequate pool of trained health staff to provide HIV/AIDS related services, problems with recruitment and retention of staff (for example only 58% of existing health worker positions are filled), limited capacity of pre-service and in-service training institutions and no workplace HIV/AIDS programs for staff at health facilities or training institutions. Most of the USG supported programs rely on human resources from the Ministry of Health to deliver HIV/AIDS services, particularly PMTCT, VCT, clinical care and ART. In short and medium term the Emergency Plan can facilitate changes in human resources systems that will greatly improve the delivery of HIV services nationwide and rapidly increase the numbers of people served under the Emergency Plan.

The USG will support the Ministry of Health and the Ministry of Public Service to improve the recruitment, hiring and management of HIV/AIDS related health staff, ensuring that staffing at primary HIV/AIDS service delivery sites is adequate. This will also include strengthening in-service training for critical HIV/AIDS skill areas and pre-service training where necessary. Finally, the activity will support the design and pilot of a workplace HIV/AIDS program for health providers in training institutions. It is expected that USG will work with the newly awarded Human Capacity Development Project that was designed specifically to help countries address HIV/AIDS human resource systems.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	20%

Targets:

Target	Value	Notes
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Host country national counterparts
- Policy makers

**Key Legislative Issues:**

**Coverage Area:**      **National**

**State Province:**

**ISO Code:**

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Training Resources Group

Planned Funds:

**Activity Narrative:**

This program provides facilitation, strategic leadership and organizational management advice to the USG country team for the successful implementation of the Country Operational Plan. This includes GOU, and civil society consultations to develop country operational plans, strategies, position papers, and presentations. It also brings together the USG team and implementing partners for regular planning and strategy meetings to improve network model linkages and benefit from other synergies.

It provides support to the USG team under leadership of the Ambassador and DCM for improved planning, consultation and implementation of PEPFAR.

**Activity Category**

- Local Organization Capacity Development
- Training

**% of Funds**

50%  
50%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	7	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	50	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Business community
- Community-based organizations
- Faith-based organizations
- Faith-based organizations
- Host country national counterparts
- Host country national counterparts
- USG in country staff
- USG in country staff
- USG implementing partners

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PHA Advocacy & Legal Support / The Futures Group International

Planned Funds:

Activity Narrative:

Article 1 of the Paris AIDS Summit Declaration of 1994 states that "the success of national, regional and global programs to confront HIV/AIDS effectively requires the greater involvement of people living with HIV/AIDS... Through an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS... By ensuring their full involvement in our common response to HIV/AIDS at all - national, regional and global - levels, this initiative will, in particular, stimulate the creation of supportive political, legal and social environments.

Anecdotal information suggests that Uganda suffers from less stigma and discrimination than many other countries in sub-Saharan Africa. Uganda has also been fortunate to have several national forums, i.e. The National Guidance and Empowerment Network and the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) and individuals i.e. an army major and a captain, an Anglican priest, a musician (who was the first to speak out openly about his HIV status but has since died) that continually advocate and speak out on behalf of people living with HIV/AIDS. However, the PHA community still reports that there are significant human rights abuses and inherent stigma and discrimination that affect the ability of PHAs to live productive lives. Examples include denial of access to certain jobs through policy, as well as covert stigmatization within workplaces. The largest issue, however, appears to be self stigmatization. In addition, there are over 1,000 PHA networks throughout Uganda that are eager to more effectively participate and respond to the HIV/AIDS epidemic, but do not have the means, capacity and/or key technical skills sought after by national and international organizations.

Building on track 2.0 activities this program will work with over 40 PHA networks and their sub-networks to effectively mobilize and advocate on issues related to stigma and human rights; support PHA networks to understand local and national laws regarding property rights, inheritance and legal protection of PLWHAs from stigma and discrimination; provide information on legal representation for individuals and PLWHA networks whose legal rights are violated; examine laws and provide recommendations for changes that will enhance the legal protection of PLWHAs; and provide skills to PHA networks on succession planning including will writing and memory books. This will be a three year program incrementally funded annually based upon performance and implemented by the USAID Global Project, Policy II (Futures Group) with the Ugandan Women Lawyers Association and NAFOPHANU.

Key Results:

Strengthened capacity of PLWHA networks to support critical social aspects of palliative care including legal aid, permanency planning and bereavement support;  
Increased number of PLWHAs receiving palliative care;  
Laws and policies that reduce stigma and discrimination against PLWHAs and orphans improved or initiated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

**Target Populations:**

- Community leader
- People living with HIV/AIDS
- Policy makers

**Key Legislative Issues:**

- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Lab Strengthening / To Be Determined

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

This activity will provide technical assistance to Joint Clinical Research Center and medical teams at four regional laboratories (Kabale, Gulu, Mbale and Fort Portal) to improve technical capacity and management capacity of the laboratory teams. The four laboratories will serve the relevant regions for HIV lab services. Many of the challenges facing laboratories go beyond personnel having technical skills - thus quality management practices that involve not only the laboratory teams, but the entire health facility and leadership at the district for health. This technical assistance will continue work begun in two labs (Ft. Portal and Mbale) in 2004 to improve laboratory management and also extend technical assistance to regional labs in Gulu and Kabale. This work is closely coordinated with CDC, which is supporting improved lab capacity at HCIVs nationally.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E; IT; Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	80	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Implementing organization project staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: SDU II / ARD, Inc.

Planned Funds:

**Activity Narrative:**

Local government's in Uganda in general do not include funding for HIV/AIDS within their budgets and district development plans. This has the direct affect of ensuring that local governments are reliant on external funding to implement their responses to HIV/AIDS. As a result, district leadership tends to view HIV/AIDS programs as outside their immediate responsibilities and temporary, ending once external resources are exhausted. Counterpart funding to PEPFAR resources at district level, even at a modest scale, would make a difference in the USG's ability to achieve greater results and to garner the political and technical support from district leadership to maintain program activities and results. For example, the AIDS Information Centre, has established over 80 indirect VCT sites in districts across the country and established memorandum of understanding with district governments that AIC will pull out its support after two years. However, even after many years AIC still continues to provide support to these sites or they will collapse because district governments do not allocate any additional resources to keep them running.

In Uganda, 70% of the poverty action funds are transferred to districts through the government budget process and this year the government is reducing the number of conditional grants to allow districts more choice in how they spend their funds. This is providing an opportunity for the SDU II project, working in 26 districts under the auspices of the Ministry of Local Government, to provide technical support and training to district governments to ensure that HIV/AIDS activities are included in their district development plans for the first time. SDU II is collaborating with the AIM and UPHOLD projects to help the districts identify and include critical HIV/AIDS interventions in their district development plans that are complementary to USG and other donor funding. This structural shift of HIV/AIDS funding into the local government budgeting and planning processes will take place over the next three years providing the Ministry of Local Government with a sound approach to ensure that HIV/AIDS activities, as a key aspect of the Poverty Reduction Strategy, are incorporated into local government programs. SDU II is a key project to carry out this work because they have been designated by the Ministry of Local Government to provide training, guidance and technical support to strengthen the capacity of districts to budget for and complete their district development plans following GoU policies and guidelines in order to access government resources. SDU II is primarily funded with non-PEPFAR resources including funds for democracy and governance and education.

**Key Results:**

Increased GoU resources through district programs go to support critical HIV/AIDS interventions

District Development plans include HIV/AIDS activities

Improved coverage of HIV/AIDS programs realized in SDU II districts including number of people who access HIV/AIDS services and the availability of services

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	30%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	28	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	390	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Community leader
- Policy makers
- Trainers

**Key Legislative Issues:**

**Coverage Area:**

State Province: Apac	ISO Code: UG-302
State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Gulu	ISO Code: UG-304
State Province: Iganga	ISO Code: UG-203
State Province: Kabale	ISO Code: UG-404
State Province: Kamuli	ISO Code: UG-205
State Province: Katakwi	ISO Code: UG-207
State Province: Kitgum	ISO Code: UG-305
State Province: Kumi	ISO Code: UG-208
State Province: Lira	ISO Code: UG-307
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Mayuge	ISO Code: UG-214
State Province: Mbarara	ISO Code: UG-410
State Province: Mubende	ISO Code: UG-107
State Province: Nakapiripiri	ISO Code: UG-311
State Province: Nakasongola	ISO Code: UG-109
State Province: Nebbi	ISO Code: UG-310
State Province: Ntungaro	ISO Code: UG-411
State Province: Pader	ISO Code: UG-312
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Soroti	ISO Code: UG-211
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113



Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Legislative Support and Advocacy / Development Associates Inc.

**Planned Funds:**

**Activity Narrative:** Supporting National Leadership for HIV/AIDS in Parliament

Parliament has played an important role in advocating for increased attention, responsibility and resources for such issues as conflict in the north, education, and also HIV/AIDS. The role that key committees play engages elected leadership in Uganda to improve funding and policy decision making for HIV/AIDS care, prevention and treatment in Uganda, particularly in light of increased resources which require intensive planning and coordination. To date, a number of results have been achieved - for example, in July USG through LSA supported a National Forum on Anti-Retroviral Treatment which brought together, for the first time, Parliamentarians, national policy makers, local government Chairpersons, international donors, and people living with AIDS (PHAs) to examine issues relating to ART. An important outcome of the Forum was a commitment by the Ministry of Health and local government officials, that PHAs would be engaged in leadership roles for advocacy, planning and delivering elements of the care and treatment programs. The Committee embarked on a monitoring visit to 25 districts to look at HIV/AIDS services available in addition to raising awareness at District level. The Committee made several observations that resulted in corrective actions by government and donor agencies, for example, there was a roll out of HIV/AIDS projects in 12 additional districts that were not previously serviced.

USG will continue to enhance the capacity of the HIV/AIDS Committee, Social Services Committee and various other key Parliamentary Committees to increase visible parliamentary leadership, collaboration and advocacy around HIV/AIDS issues. Further we will facilitate increased constituency dialogue and participation of civil society and other key stakeholders on HIV/AIDS issues. We are able to enhance MPs capacity in its critical role as Executive oversight - where Members are charged with scrutinizing HIV/AIDS policies as well as monitoring effective implementation and evaluation thereof including examination of the budget process as it relates to HIV/AIDS expenditures and allocation. These high level interventions will effect change to enable Ugandan citizens to receive services nationwide, contributing to the USG goals and increasing the numbers of people served - well beyond USG project sites. Activities will include identifying gaps that impact on HIV/AIDS and proposing new and appropriate legislation and/or guidelines to address gaps; improving Parliamentarians understanding of issues in their districts through targeted assessments and development of a HIV/AIDS Resource Centre within the Parliamentary Library; and broader engagement of MPs at district level in ensuring funding; implementation and monitoring of HIV/AIDS programs.

**Activity Category**

**% of Funds**

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<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Policy and Guidelines	27%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	26%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	23%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Government workers
- Health Care Workers
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Youth

**Key Legislative Issues:**

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:**

Joint Clinical Research Center, Uganda / Joint Clinical Research Center, Uganda

**Planned Funds:**

**Activity Narrative:**

In 2004, Joint Clinical Research Center built two regional laboratories to provide capacity of HIV related laboratory services. The regional laboratories will also provide CD4 counts of the region.

In 2005 JCRC will launch two additional regional laboratories at Kabale and Gulu Regional Hospitals under the TREAT Program, building on the FY2004 success in launching laboratories at Mbale and Fort Portal Regional Hospitals. These labs will also act as regional training centres and quality assurance centres for the smaller labs in the regions. The program has and will continue to provide both technical, materials and equipment support to the other smaller laboratories in the region.

At all of the 30 satellite sites in which JCRC is building capacity and is directly engaged in running clinics, there will be basic lab capacity to perform HIV-related tests and a referral system to a higher level laboratory for carrying out CD4 tests every six months and at onset of entry to care and treatment. 350 people will be trained in a combination of technical and total quality management systems with technical assistance from Management Sciences for Health and information sharing and collaboration with CDC Uganda.

The program will train health workers in laboratory service delivery; establish information systems and strengthen referral systems. TREAT will continue to work with the MoH to ensure that all the ART centres have the required ART laboratory service capacity in a two-pronged manner: at the facility itself or use of reference labs at the regional levels. A critical area for intervention during FY05 will be maintenance of a good quality assurance program for the established labs and the smaller labs. Formation of laboratory management committees at the central level and the regional levels will be a key strategy to maintaining the quality of service at the labs.

Over 36,000 people on ART will receive subsidized CD4 counts to ensure improved monitoring and adherence support to ART. An additional 25,000 people will be provided access to CD4 through the regional laboratories which will support Ministry of Health and private sites beyond the JCRC satellite site network.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	350	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	11	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Government workers
- Health Care Workers
  - Doctors
  - Medical/health service providers
  - Nurses
  - Pharmacists
  - Private health care providers
- Host country national counterparts
- Ministry of Health staff
- Laboratory Technicians

**Key Legislative Issues:**

**Coverage Area:** National

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

The Mildmay Centre has its own fully-functioning laboratory for all HIV/AIDS-related tests except Viral Load. In FY05 this range of services will be expanded to provide testing to a greater number of clients through the establishment of a third centre which will act as a reference/training site for new facilities. In addition, the Mildmay Centre training programme which includes comprehensive HIV/AIDS laboratory techniques for providers will continue to be supported for both didactic and practical sessions to provide participants with hands-on experience in the Centre's laboratory.

**Activity Category**

	<b>% of Funds</b>
<input checked="" type="checkbox"/> Commodity Procurement	75%
<input checked="" type="checkbox"/> Human Resources	12%
<input checked="" type="checkbox"/> Infrastructure	4%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	1%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	72	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Business community
- Caregivers
- Health Care Workers
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Orphans and other vulnerable children
- Youth

**Key Legislative Issues:**

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

**Activity Narrative:**

The Mildmay Centre has a residential study centre and will continue to use its expertise in the delivery and development of training and capacity development both at the centre, up-country and in the surrounding region.

The main focus for FY05 is the provision of up-to-date and appropriate training programmes in the field of HIV/AIDS so that clinical standards are raised and remain relevant, and training systems are improved.

This programme addresses CT, ART drugs, ART services and ART lab services, by being linked with existing HIV/AIDS services at The Mildmay Centre and Reach Out covering OI/ARV therapy, nutritional advice, physiotherapy, x-ray/ultrasound facilities, social welfare and pastoral care. Care and training go hand in hand and the clinical services are vital to the successful implementation of the training programme.

The Mildmay Centre works with other local organisations in the provision of training such as TASO, Hospice Africa Uganda and the Academic Alliance as well as regional organisations such as the Regional AIDS Training Network.

The practical connection at The Mildmay Centre between care and training is vital for the provision of quality training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	2%
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	41%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	4%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%

- Logistics 1%
- Policy and Guidelines 1%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 2%
- Training 29%

**Targets:**

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

300

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

500

Not Applicable

**Target Populations:**

- Caregivers
- Faith-based organizations
- Government workers
- Health Care Workers
- Implementing organization project staff
- Military
- Police
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Program managers
- Religious/traditional leaders
- Teachers
- Trainers

**Key Legislative Issues:**

- Twinning
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:



Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Laboratory Strengthening / US Centers for Disease Control and Prevention

Planned Funds: [ ]

Activity Narrative:

In FY05 USG through its collaboration with MOH and UVRl will support the development of testing methodologies to confirm pediatric infection by establishing PCR capacity for the national laboratory system. Use of this testing methodology will significantly impact the ability of PMTCT programs to appropriately counsel breast-feeding mothers.

In addition, training opportunities for health facility and district-level laboratories will be supported through the establishment of 'scholarships' to expand the number of fully qualified laboratory technicians available to fill laboratory vacancies and significantly reduce shortages reported across the country. Other training opportunities particularly in quality assurance for hematology, serum chemistries and CD4 cell count, will be supported at the new UVR/CDC wing with the procurement of additional equipment and supplies for teaching.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	28%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	130	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	32	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Implementing organization project staff
- Infants
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: University of California San Francisco - UTAP / University of California San Francisco

Planned Funds:

Activity Narrative:

The University of California San Francisco (UCSF) through the UTAP program provides technical support for HIV programs throughout the US, Africa and Asia. In FY04 UCSF supported the USG with direct technical assistance for developing effective ARV service delivery systems; strengthening of community and hospital PMTCT+ programs; expanding analysis from the HBAC study; and, establishing program management systems. In FY05 UCSF will continue to provide these four technical advisors in support of Emergency Plan activities.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical-assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

Target Populations:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Community-based organizations                                 | <input checked="" type="checkbox"/> USG in country staff      |
| <input checked="" type="checkbox"/> Faith-based organizations                                     | <input checked="" type="checkbox"/> ART providers             |
| <input checked="" type="checkbox"/> Government workers  | <input checked="" type="checkbox"/> USG implementing partners |
| <input checked="" type="checkbox"/> Health Care Workers   |   |
| <input checked="" type="checkbox"/> High-risk population  |   |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families                                    |   |
| <input checked="" type="checkbox"/> HIV+ pregnant women   |   |
| <input checked="" type="checkbox"/> Host country national counterparts                            |   |
| <input checked="" type="checkbox"/> Implementing organization project staff                       |   |
| <input checked="" type="checkbox"/> International counterpart organization                        |   |
| <input checked="" type="checkbox"/> Ministry of Health staff                                      |   |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |   |
| <input checked="" type="checkbox"/> People living with HIV/AIDS                                   |   |
| <input checked="" type="checkbox"/> Program managers  |   |

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Twinning
- Stigma and discrimination

**Coverage Area:**        **National**

State/Province: \_\_\_\_\_ ISO Code: \_\_\_\_\_

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: Policy Development / Ministry of Health, Uganda

Planned Funds:

**Activity Narrative:**

This activity supports the current focus of GOU to balance prevention strategies with care and treatment efforts and to integrate all three in the existing health services. IN FY 05 critical gaps addressed will include lab services policy, guidelines and standards; basic preventive care implementation; innovative counselling and testing implementation guidelines. Included is collaboration with other donors and TA providers such as WHO, UNICEF, GFATM, to address policy and system gaps.

**Activity Category**

- Human Resources
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)

**% of Funds**

10%  
65%  
20%  
5%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	600	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	350	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Caregivers
- Community leader
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers
- ART providers

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Twinning
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps (Deferred) / US Peace Corps

Planned Funds:

Activity Narrative:

This deferred activity continues capacity building series of HIV oriented workshops begun in FY04, trainings of trainers, practice and technical follow-up for Volunteers/Counterpart implemented activities in community based organizations (faith-based and other), and with Ministry of Education coordinating centers. Workshops address planning, management and skills/knowledge development for organizational capacity building which cut across multiple program areas

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

20%  
70%  
10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
  - Community health workers
  - Traditional birth attendants
  - Traditional healers
  - Midwives
  - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
  - Migrant workers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Primary school
- Teachers
- Volunteers
- Youth

**Key Legislative Issues:**

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

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**Coverage Area:**

State Province: Bugiri	ISO Code: UG-201
State Province: Bushenyi	ISO Code: UG-402
State Province: Busia	ISO Code: UG-202
State Province: Hoima	ISO Code: UG-403
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kabarole	ISO Code: UG-405
State Province: Kampala	ISO Code: UG-102
State Province: Kamuli	ISO Code: UG-205
State Province: Kamwenge	ISO Code: UG-413
State Province: Kayunga	ISO Code: UG-112
State Province: Kibale	ISO Code: UG-407
State Province: Kiboga	ISO Code: UG-103
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Masindi	ISO Code: UG-409
State Province: Mbale	ISO Code: UG-209
State Province: Mbarara	ISO Code: UG-410
State Province: Mpigi	ISO Code: UG-106
State Province: Mubende	ISO Code: UG-107
State Province: Mukono	ISO Code: UG-108
State Province: Nakasongola	ISO Code: UG-109
State Province: Ntungaro	ISO Code: UG-411
State Province: Pallisa	ISO Code: UG-210
State Province: Rukungiri	ISO Code: UG-412
State Province: Sembabule	ISO Code: UG-111
State Province: Tororo	ISO Code: UG-212
State Province: Wakiso	ISO Code: UG-113

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: National Medical Stores (Deferred) / National Medical Stores (NMS)

Planned Funds:

Activity Narrative:

The deferred FY04 funds are to allow NMS to procure the essential laboratory supplies to fully implement the national laboratory commodities funds as established in September 2004.

The National Medical Stores (NMS) is an autonomous government corporation within the Ministry of Health (MOH) established in 1993 to ensure efficient and effective procurement, storage and distribution of essential drugs and medical supplies to all public health facilities throughout the country. NMS provides national distribution-chain management of essential drug kits, antiretroviral drugs, TB drugs, contraceptives, and other basic medical and laboratory supplies.

In 2003, NMS together with MOH introduced a demand-based supply system, the 'pull' system, for essential drugs supply by establishing 'lines of credit' with funds available for each public health facility to purchase from a pre-determined range of essential drugs. Orders from health facilities are placed against the credit lines for NMS to process, package and deliver to the District Drug warehouse. All shipments are tracked through delivery with full reports provided monthly.

In late FY04 the NMS was awarded funding to purchase, distribute and track supplies to support HIV/AIDS-related laboratory services at Health Center III facilities and above with functioning laboratory services. Following the essential drug supply 'pull-system', additional credit will be established for each facility account specifically dedicated for the purchase of HIV-related laboratory supplies as agreed upon by USG and MOH.

In FY05 complete roll-out of this laboratory supplies procurement/delivery system will be fully functional. The NMS laboratory supplies system will be strengthened through related projects to equip, update and train laboratory staff at Health Center III facilities, and above.

Activity Category

- Commodity Procurement
- Logistics

% of Funds

70%  
30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	890	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	560	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:



Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1/ART / Catholic Relief Services

Planned Funds:

**Activity Narrative:** Catholic Relief Services is a Track 1.0 centrally funded project. Four sites became operational during FY04, with support to laboratory equipment procurement, training, human resources and logistics.

In FY05 activities to support comprehensive HIV laboratory testing and services will be continued.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	70%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

**Targets:**

Target	Value	Notes
Number of individuals trained in the provision of lab-related activities	21	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	7	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Men
- Women
- Community members
- Faith-based organizations
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Refugees/internally displaced persons
- Truckers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders

**Key Legislative Issues:**

- Gender
  - Increasing gender equity in HIV/AIDS programs
  - Addressing male norms and behaviors
- Stigma and discrimination

**Coverage Area:**

State Province: Gulu

ISO Code: UG-304

State Province: Jinja

ISO Code: UG-204

State Province: Kampala

ISO Code: UG-102

State Province: Kitgum

ISO Code: UG-305

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

**Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** Laboratory - Deferred / US Centers for Disease Control and Prevention

**Planned Funds:**

**Activity Narrative:**

These FY04 deferred funds are to support key activities to strengthen the national laboratory systems. Planned initiatives include the conduct of a national needs assessment for the National TB/Leporsy Program Laboratory with the findings to identify areas for enhancement of the laboratory capacity, equipment, staffing and training and physical structure; conduct of a comprehensive review of the Central Public Health Laboratory system, protocols, procedures, and quality assurance capacity to support the MOH health facilities network and to develop a plan for CPHL assistance; and, the review and revision of National Laboratory Policies and Protocols with the MOH and dissemination/training on the final revisions.

In addition a fellowship program will be established for senior level laboratory staff in total quality management of laboratory services with technical assistance from the Association of Public Health Laboratories.

**Activity Category**

- Human Resources
- Needs Assessment
- Policy and Guidelines

**% of Funds**

25%  
50%  
25%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	60	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	22	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Ministry of Health staff
- National AIDS control program staff
- Laboratory Technicians

**Key Legislative Issues:**

**Coverage Area:** National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Supply Chain Management / To Be Determined

Planned Funds:

Activity Narrative:

The USG is currently providing technical assistance to the national logistics and commodities program for HIV/AIDS through support to the Ministry of Health departments and the Pharmacy Department, the National Medical Stores and the Joint Medical Stores (the latter serving private sector predominantly). USG has also supported the establishment of a national essential drug credit line and undertaken all logistics related training nationally with the MOH for ART, PMTCT and VCT. In 2004 USG established a credit line for laboratory related commodities to procure and distribute HIV commodities to all district hospitals and lower level centers within a prescribed budget. The credit line is expected to be functioning with supplies being distributed by early 2005.

The USG will award a new contract for supply chain management and HIV related commodities in early 2005. We expect to work with the new awardee to provide technical assistance to the Ministry of Health and other key partners to forecast, plan and procure commodities and distribute through the National Medical Stores and Joint Medical Stores systems to reach the USG partners and others delivering HIV care and treatment services. This support will be heavily coordinated with other donors, in particular DANIDA who is the major investor in the essential drug supply system, and the Global Fund and WB/MAP programs as both plan to procure HIV related commodities.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	50	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Government workers*
- Community health workers*
- Doctors*
- Medical/health service providers*
- Nurses*
- Pharmacists*
- Private health care providers*
- Host country national counterparts*
- Implementing organization project staff*
- Military*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- Policy makers*
- Program managers*

**Key Legislative Issues:**

**Coverage Area:**        **National**

**State Province:**

**ISO Code:**

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Laboratory Services / US Centers for Disease Control and Prevention

Planned Funds: [Redacted]

Activity Narrative: CDC will continue the work with care and treatment implementing partners to provide quality HIV-related testing to include serologic CD4 and viral load testing as well as direct technical assistance for enhancing lab services and the procurement of commodities as needed.

In addition the processing of laboratory tests will be performed for partners who currently have no capacity for eligibility screening and monitoring ART patients. At the same time, capacity will be built so that these partners can perform their own testing.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	60	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Implementing organization project staff
- People living with HIV/AIDS
- Laboratory Technicians

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

**Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: IRCU Capacity Building / To Be Determined

Planned Funds:

**Activity Narrative:**

This activity will build upon the support the USG is currently providing to the Inter-Religious Council of Uganda (IRCUCU)=The Inter-Religious Council of Uganda (IRCUCU) is a consortium of four major religions in Uganda, namely: Catholics, Anglican Protestants, Muslims and Orthodox. It was formed in 2001 as a mechanism for merging efforts and enhancing coordination among the four religious faiths as they pursue social, economic and spiritual development of their followers.

Current USAID support to IRCUCU for institutional capacity building focuses on developing strong financial, human resources and administrative management systems as well as developing a sub-granting mechanism to faith-based organizations. Through this mechanism, faith-based organizations have accessed funding to support interventions targeting OVC and palliative care using FY04 resources. Moving into FY05, the efforts to expand delivery of services through faith-based facilities necessitates that IRCUCU receive technical support in programmatic areas, especially developing and implementing technical HIV/AIDS services such as counseling and testing, palliative care, OVC and ART that are integrated and/or linked to each other through a functional referral system - the network model. The extensive network structure of FBOs and their constant touch with families and communities offer a unique advantage to support a continuum of HIV/AIDS services through this mechanism. Religious networks at community level, including Imams, Catechists, and Lay Readers are of critical importance in facilitating family and community linkage to faith-based and other facility based services. Based on their routine interaction with their congregations and as immediate providers of emotional, physical and spiritual care, religious leaders are well placed to identify individuals who need care and also provide adherence support for those on treatment. The link between facilities and these community level religious structures is currently weak.

Therefore, this activity seeks to support IRCUCU to:

1. Strengthen its capacity to develop and implement quality HIV/AIDS programs
2. Work through the FBO networks to establish and operationalise a mechanism for easy identification of people in need of care and, linkage the appropriate FBOs and other services providers where their need can be addressed.
3. Enhancing relationships between FBOs and other facilities and community level religious structures in order to improve community access to holistic services.
4. Develop a uniform and effective monitoring and evaluation system.

**Activity Category**

Development of Network/Linkages/Referral Systems

**% of Funds**

20%

<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	35%

**Targets:**

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

**Target Populations:**

- Adults
- Caregivers
- Community leader
- Community members
- Faith-based organizations
- Community health workers
- HIV/AIDS-affected families
- Implementing organization project staff
- M&E specialist/staff
- People living with HIV/AIDS
- Religious/traditional leaders

**Key Legislative Issues:**

**Coverage Area:**

State Province: Arua	ISO Code: UG-303
State Province: Bushenyi	ISO Code: UG-402
State Province: Iganga	ISO Code: UG-203
State Province: Jinja	ISO Code: UG-204
State Province: Kampala	ISO Code: UG-102
State Province: Kasese	ISO Code: UG-406
State Province: Kumi	ISO Code: UG-208
State Province: Luwero	ISO Code: UG-104
State Province: Masaka	ISO Code: UG-105
State Province: Mukono	ISO Code: UG-108
State Province: Rakai	ISO Code: UG-110
State Province: Rukungiri	ISO Code: UG-412
State Province: Wakiso	ISO Code: UG-113



Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UAC/Global Fund / To Be Determined

Planned Funds: [ ]

Activity Narrative: In FY05, support will be directed at the following:

1. Uganda AIDS Commission (UAC)

A. Strengthen capacity of Uganda AIDS Commission to coordinate and manage HIV/AIDS funding and activities

- Provide technical assistance in the review and development of the National Strategic Framework for HIV/AIDS Activities in Uganda
- Participate and provide technical leadership in the Health Sector Joint Review Mission

B. Develop the leadership and management capacity of Permanent Secretaries (PS) and Focal Point Persons/Officers (FPP/O) of the Government Line Ministries to enable them to better mainstream HIV/AIDS and to translate the revised National Strategic Framework into action. This will be done through:

- Mini-Leadership Development Program with PSs of about 18 Government Ministries (2 day in retreat setting)
- Undertake a Management and Organizational Sustainability Tool (MOST) for Networks workshop with the SCE to review roles and responsibilities of FPP/Os, needs assessment of current capabilities and gaps and assess functionality of SCE, including a review of operating principles/guidelines
- A workshop, using the Performance Improvement approach, to address identified needs and gaps above and also to address the challenge of translating National Strategic Framework to action for the FPP/Os

2. Global Fund Project Management Unit (MOH/GF PMU)

Objective: Strengthen capacity of Uganda to coordinate and manage Global Fund resources and activities

- Provide technical assistance to the GF PMU in establishing implementation arrangements and funding mechanisms for GOU and civil society
- Provide technical assistance to the GF National Coordinating Committee to develop GFATM M&E plans and systems

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%

Targets:

Target Description	Value	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input type="checkbox"/> Not Applicable



Program Area:

Budget Code:

Program Area Code:

**Table 3.3.15: PROGRAM PLANNING OVERVIEW**

- 
- Result 1: Provide full-time coordination of USG interventions to ensure comprehensive, integrated planning, implementation and monitoring of activities.\n\n
- Result 2: Ensure each USG agency is fully staffed with technical and program expertise to fully plan, manage and monitor Emergency Plan activities.\n\n
- 
- Result 3: Facilitate the capacity of USG agencies to provide technical assistance and support to USG implementing partners to strengthen quality implementation of activities, integration of services and adherence to Emergency Plan guidelines and goals.\n\n

Total Funding for Program Area (\$):

**Current Program Context:**

The Emergency Plan Team in Uganda is six agencies that bring unique expertise and complementary goals for a comprehensive Emergency Plan program for Uganda. Under the leadership of the Ambassador, USG Country Team staff has years of development and technical experience and are leaders in their respective technical areas. With the Emergency Plan funding in FY04, the USG Country Team significantly increased its technical, operational and management staff for rapid scale up of programs for prevention, care and treatment. In FY05, the USG Country Team will continue with the current staffing, adding minimal numbers of new programming and technical staff. However, the USG Country Team feels that in FY05 the addition of certain dedicated Emergency Plan staff is required. In particular, the USG Country Team recommends Emergency Plan staff for coordination, monitoring and evaluation, and public affairs.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

**Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

**Mechanism/Prime Partner:** / US Department of Defense

**Planned Funds:**

**Activity Narrative:**

The DOD Program is currently supervised by a full time FSN Technical Manager supported by DAO American staff, who contribute a combined total of 30% of their time to program activities. For FY05, in addition to the Technical Manager, DOD proposes to hire a FSN physician (Technical Advisor) to bring clinical and public health expertise to program management. A particular focus for the Technical Advisor will be coordinating with other USG agencies (USAID and CDC in particular) to integrate UPDF HIV/AIDS prevention, care and treatment activities into their existing programs. The Technical Advisor will respond to the DOD program needs as identified by the Technical Manager.

**Activity Category**

Local Organization Capacity Development

**% of Funds**

100%

**Targets:**

Not Applicable

**Target Populations:**

**Key Legislative Issues:**

**Coverage Area:**

National

**State Province:**

**ISO Code:**

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

**Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**

Mechanism/Prime Partner: State Department / US Department of State

Planned Funds:

**Activity Narrative:**

The Ambassador is the President's personal representative in Uganda and leads the entire U.S. Mission in Uganda. He serves as the chief decision-maker for all Emergency Plan activities. As the coordinator of the USG Country Team, the Deputy Chief of Mission dedicates much of his time to the Emergency Plan. Similarly, the Political and Public Affairs sections also support Emergency Plan goals in Uganda. In addition, the Administrative Section provides significant logistical and procurement support to the U.S. Centers for Disease Control and Prevention.

The Public Affairs section is striving to capture more effectively the public diplomacy (PD) windfall available through Emergency Plan-funded activities, an effort constrained by limited human resources. Although we have enjoyed considerable success in publicizing elements of the program, opportunities are being lost without a staff person dedicated to communication with implementing agencies and partners whose activities accelerate and successes multiply. As a result, PAS recommends that a full time FSN position be created under the supervision of the PAO and Press Specialist to identify and coordinate media opportunities, manage the Mission's Emergency Plan website, and assume responsibility for all locally-produced Emergency Plan publications, releases, success stories, etc. This dedicated position would be a valuable resource for the Mission team, in what should be our largest PD asset over the next several years.

A second position recommended by the USG Country Team is a day-to-day coordinator for the Uganda Emergency Plan HIV/AIDS program. The USG Country Team coordinator will serve as the technical leader for Emergency Plan activities in Uganda. Direct accountability for this position is to the Deputy Chief of Mission. The Coordinator will liaise with OGAC, the Uganda Interagency Team named by OGAC, the Embassy Emergency Plan counterpart, named representatives of Emergency Plan partner agencies, and Ugandan Government Ministries and offices to facilitate the development and implementation of a unified Emergency Plan. The duties will include convening, chairing, and disseminating and retaining records of regular meetings of the Emergency Plan Country Team and Working Groups; coordinating workplans and assessing and reporting on progress in implementing them; and managing TDYs essential to the above.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Logistics	25%
<input checked="" type="checkbox"/> Policy and Guidelines	25%

**Targets:**

Not Applicable

**Target Populations:**

- Community members
- Community-based organizations
- Faith-based organizations
- Host country national counterparts
- Military
- Ministry of Health staff
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders
- USG in country staff
- USG Headquarters staff
- USG implementing partners

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Operational Expenses / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

CDC/HHS program and implementation staff is highly trained, including 19 physicians, 4 staff with PhDs, and 14 with Masters, and many with numerous years of program experience. CDC/HHS senior staff includes internationally recognized experts in HIV/AIDS care, treatment and prevention as well as in informatics and laboratory work. Several senior CDC/HHS staff have worked in HIV/AIDS programs in Uganda since the 1980s and have worked with both MOH and NGOs in building Uganda's response. In addition, CDC/HHS staff have years of experience in development, implementation and dissemination of operational evaluations. Over 80 CDC/HHS staff are directly working on implementing targeted evaluations and demonstration projects, such as the Home-based AIDS Care Project (HBAC) in Tororo.

The CDC/HHS-Uganda team is well-equipped to manage and support our partner activities as well as to directly implement key components of the USG Emergency Plan strategy. CDC/HHS technical staff work in four major areas: program technical support, laboratory, informatics, and epidemiology/behavioral evaluation. The Program team works closely with PEPFAR partners to provide high level technical assistance for program implementation as well as to provide management supervision. The Laboratory team provides senior technical support for our laboratory partners, implements over half of high level HIV testing while building capacity for others to conduct testing, and develops less expensive CD4 and viral load testing technologies as well as validations of new HIV testing technologies. The Informatics team works very closely with partners on applications development, data management, data analysis, connectivity, hardware and software needs as well as provides extensive training to partner organizations. The Epidemiology and Behavioral teams conduct scientific targeted evaluations on topics such as the impact of ART on morbidity, mortality, HIV transmission and household economics, evaluation and implementation of a basic preventive care package including cotrimoxazole prophylaxis and a safe water vessel, and ART adherence studies. Finally, the Program team works across all technical teams to ensure that program and evaluation results as well as scientific evidence are used in supporting the MOH to develop evidence-based policy and implementation guidelines for HIV/AIDS programs.

Working for CDC/HHS provides FSN staff with excellent training. We have found that working in close day-to-day partnership with a team of Ugandan and expatriate staff allows for extensive capacity-building, more than periodic training sessions or outside consultancies. Over the past 5 years, we have developed an excellent cadre of high-level professional Ugandans who are able to develop, evaluate, supervise and support technically sound HIV/AIDS programs in their own country. In our organizational structure and ongoing activities, CDC/HHS fulfills the spirit of PEPFAR to build local capacity.

CDC/HHS will not increase in professional staff in FY'05. However, we are requesting 4 additional FSN positions (2 field officers, 1 typist, and 1 data entry clerk).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	9%
<input checked="" type="checkbox"/> Human Resources	46%
<input checked="" type="checkbox"/> Infrastructure	11%
<input checked="" type="checkbox"/> Logistics	18%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Training	4%

**Targets:**

Not Applicable

**Target Populations:**

- International counterpart organization*
- Ministry of Health staff*
- People living with HIV/AIDS*
- USG in country staff*
- USG Headquarters staff*
- USG implementing partners*

**Key Legislative Issues:**

- Gender**
- Stigma and discrimination**

**Coverage Area:** National

**State Province:** \_\_\_\_\_ **ISO Code:** \_\_\_\_\_



Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Management / US Agency for International Development

Planned Funds: [ ]

Activity Narrative: USAID/Uganda's health, HIV/AIDS and Education funds are programmed to achieve USAID/Uganda's Strategic Objective 8 (SO8), Improved Human Capacity. USAID is one of the largest donors for HIV/AIDS, reproductive health and primary education in Uganda with an annual budget of [ ] in 2004. USAID is responsible for management of a large portion of the U.S. Government's HIV/AIDS program funded under the President's Emergency Plan for AIDS Relief. In 2004 USAID received [ ] under the Emergency Plan (including FY05 carry over) and may receive [ ] in 2005. A 19-person team working in collaboration with a variety of public and private sector partners currently manages SO8 HIV/AIDS, health and education activities. In 2005 three additional HIV/AIDS professional staff will join the team.

Led by the Chief, Health, HIV/AIDS and Education Officer, a development professional with 20 years experience leading teams in successful health, HIV/AIDS and education programs, the USAID team brings to the Emergency Plan program refined skills in strategic leadership for HIV and development programs; leadership in HIV/AIDS and health policy development and consultation with senior government and NGO officials; technical leadership in clinical service provision for HIV/AIDS prevention, care and treatment in developing countries; and technical expertise in behavior change communication, monitoring and evaluation, private sector development and health financing. USAID staff have combined over 150 years of experience as development professionals and technical expertise in HIV/AIDS and health programs. In 2004, USAID is staffed with three 100% time international HIV/AIDS advisors, and three full-time professional Foreign Service Nationals:--Prevention; care and treatment within the network model; palliative care, orphans and vulnerable children, HIV/AIDS in conflict areas, national logistics and laboratory systems, comprehensive HIV/AIDS district programs, PMTCT, national leadership, donor coordination and strategic information are covered under these portfolios. Three international staff provide 25-50% time to support social marketing and HIV/AIDS behavior change communication, technical support to broader health programs and HIV/AIDS in the education sector. Four additional FSN professional staff support national sero- and facility surveys, injection safety, PHA network expansion at 25-50% time. Three of the existing expatriate staff currently on contract will convert to USDH positions in 2005.

In 2005 USAID will add a new US Direct Hire position and a two new FSN professional staff to be fully supported by the Emergency Plan to provide strategic management for monitoring and evaluation and support the wider HIV/AIDS portfolio. USAID is complemented by professional staff from other teams at the USAID Mission with skills in democracy and governance, economic growth, food aid, contracting and financial management.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	100%

Targets:

Not Applicable

Target Populations:

- USG in country staff
- USG Headquarters staff

**Key Legislative Issues:**

**Coverage Area:** National

**State Province:**

**ISO Code:**

**Table 5: PLANNED DATA COLLECTION IN FY05**

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, will HIV testing be included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
When will preliminary data be available?	April 15, 2005	
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?	August 26, 2005	
3. Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
When will preliminary data be available?	February 24, 2006	
4. Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?	25.00	
When will preliminary data be available?	March 30, 2006	
5. Other significant data collection activity		

**Name:** Population-based cohort studies and other data collection

**Brief description of the data collection activity:**

Rakai Community Cohort Study implemented by Rakai Health Sciences Program (HIV and STD prevalence and incidence every 10 months among 12,000 people in Rakai); Epidemiological Effect of ARVs in a Community Setting (assessing disinhibition, resistance, etc...after introduction of ART in Rakai); Medical Research Council Population Cohort Study (HIV prevalence and incidence); National Blood Bank/Uganda Red Cross (HIV surveillance among blood donors)

Preliminary data available: December 01, 2005

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?

Yes  No